

|                                 |  |                               |  |
|---------------------------------|--|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | <i>AMRP-126983859</i>  | <i>State:</i>                 | <i>Arkansas</i>                                    |
| <i>Filing Company:</i>          | <i>American Republic Insurance Company</i>   | <i>State Tracking Number:</i> | <i>47726</i>                                       |
| <i>Company Tracking Number:</i> | <i>ARIC SINGLE PREMIUM IMMEDIATE ANNUITY</i>                                       |                               |  |
| <i>TOI:</i>                     | <i>A05I Individual Annuities- Immediate Non-Variable</i>                           | <i>Sub-TOI:</i>               | <i>A05I.000 Annuities - Immediate Non-variable</i> |
| <i>Product Name:</i>            | <i>ARIC Single Premium Immediate Annuity</i>                                       |                               |  |
| <i>Project Name/Number:</i>     | <i>ARIC Single Premium Immediate Annuity/ARIC Single Premium Immediate Annuity</i> |                               |  |

## Filing at a Glance

Company: American Republic Insurance Company

Product Name: ARIC Single Premium      SERFF Tr Num: AMRP-126983859      State: Arkansas

Immediate Annuity

TOI: A05I Individual Annuities- Immediate Non-Variable      SERFF Status: Closed-Approved- Closed      State Tr Num: 47726

Sub-TOI: A05I.000 Annuities - Immediate Non-variable      Co Tr Num: ARIC SINGLE PREMIUM IMMEDIATE ANNUITY      State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird  
 Author: Colletta Maddy      Disposition Date: 01/20/2011  
 Date Submitted: 01/17/2011      Disposition Status: Approved-Closed

Implementation Date Requested: 04/01/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: ARIC Single Premium Immediate Annuity  
 Project Number: ARIC Single Premium Immediate Annuity  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Status of Filing in Domicile: Not Filed  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Individual Market Type:  
 Filing Status Changed: 01/20/2011  
 State Status Changed: 01/20/2011  
 Created By: Colletta Maddy  
 Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Colletta Maddy

Filing Description:

Attached to this filing is American Republic Insurance Company's ("American Republic") new annuity product forms, which we are filing for your Department's review and approval. The forms are new and do not replace any existing forms.

The product is a fixed single premium immediate annuity. We will be underwriting prospective annuitants for impaired risks (sometimes referred to as substandard risks) through an automated underwriting/rating system. The product is designed to provide a higher payout (an enhancement) to those annuitants whose life expectancy is shorter than normal

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Variable  
Product Name: ARIC Single Premium Immediate Annuity  
Project Name/Number: ARIC Single Premium Immediate Annuity/ARIC Single Premium Immediate Annuity

for their age due to health conditions. American Republic will obtain the annuitants' health information based on a series of medical questions that are included in the application. Additional medical questions may be asked based on annuitants' answers to the questions set forth in the application and in the supplemental questionnaires.

In certain cases American Republic will collect appropriate medical records before providing the applicant with a final quotation. The application may be taken electronically or through the use of a paper form.

Because the accuracy of information provided in the application is of significant importance in determining the amount of the payment, we make it clear to the prospective annuitant that we retain the right to obtain additional medical records or information post-issue to verify the accuracy of the information provided in the application. We further retain the right to reform or rescind the policy if material misrepresentations were made in answering the application questions.

The minimum single premium is generally ten thousand dollars (\$10,000.00) and the maximum issue amount would be one million dollars (\$1,000,000.00). The issue ages would range from zero to 100 years old. The policy will be used in both the tax qualified and non-tax qualified market using agents and brokers. A single premium immediate annuity provides an income stream or a series of periodic payments to a payee. The benefits will be funded through American Republic's general account.

We will be using both paper and electronic applications for the product described above. The electronic application will be substantially similar to the paper application in this filing and the font will never be less than 10 point. However, the format and order of the questions may change and the entries allow for variable length and wrapping. The applicant must answer the question about replacement and, if answered affirmatively, the applicant will be required to answer the remaining questions. Additional responses to health-related and other questions will appear under each question to which an affirmative response is given.

The SPIA policy provides an income stream to a Payee identified in the Application. The income payout options under this policy include: Single Life; Joint Life; Lifetime Income Only; Lifetime Income with Certain Period of Years (between 5 and 20 years); Lifetime Income with Installment Refund (available on Single Life only); and Lifetime Income with Cash Refund (available on Single Life only). Other options may be available upon request. The current options are described in greater detail in the Statement of Variability, which is included in this filing. The policy schedule page will identify the annuity plan selected by the Owner.

Two types of Individual Retirement Annuity ("IRA") options are available with this product, including a standard IRA Endorsement and a Roth IRA Endorsement. The standard IRA Endorsement included in this filing is used for an immediate annuity policy that is issued as an Individual Retirement Annuity under Internal Revenue Code Section 408(b). The Roth IRA Endorsement included in this filing is used for an immediate annuity policy that is being issued as a Roth Individual Retirement Annuity under Internal Revenue Code Section 408(a). A readability score is not required for these IRA Endorsement forms.

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Filing Company: American Republic Insurance Company State Tracking Number: 47726  
Company Tracking Number: ARIC SINGLE PREMIUM IMMEDIATE ANNUITY  
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable  
Product Name: ARIC Single Premium Immediate Annuity  
Project Name/Number: ARIC Single Premium Immediate Annuity/ARIC Single Premium Immediate Annuity

If you have any questions or concerns, please contact me. I can be reached at 1-800-641-0366, extension 4250.

Sincerely,

Colletta Maddy  
Compliance Analyst

## Company and Contact

### Filing Contact Information

Colletta Maddy, colletta.maddy@americanenterprise.com  
601 6th Ave. 515-245-4250 [Phone]  
Des Moines, IA 50309

### Filing Company Information

American Republic Insurance Company CoCode: 60836 State of Domicile: Iowa  
601 6th Ave Group Code: 3527 Company Type: Life Accident and  
Health Insurance  
Des Moines, IA 50309 Group Name: State ID Number:  
(800) 987-8988 ext. [Phone] FEIN Number: 42-0113630  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$650.00  
Retaliatory? No  
Fee Explanation: \$50 per form. 13 forms x \$50 = \$650.  
Per Company: No

| COMPANY                             | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|----------|----------------|---------------|
| American Republic Insurance Company | \$650.00 | 01/17/2011     | 43839958      |

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TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable  
Product Name: ARIC Single Premium Immediate Annuity  
Project Name/Number: ARIC Single Premium Immediate Annuity/ARIC Single Premium Immediate Annuity

## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 01/20/2011 | 01/20/2011     |

### Amendments

| Schedule | Schedule Item Name | Created By     | Created On | Date Submitted |
|----------|--------------------|----------------|------------|----------------|
| Form     | SPIA               | Colletta Maddy | 01/19/2011 | 01/19/2011     |

|                          |   |                        |   |
|--------------------------|---|------------------------|---|
| SERFF Tracking Number:   | AMRP-126983859  | State:                 | Arkansas                                    |
| Filing Company:          | American Republic Insurance Company   | State Tracking Number: | 47726                                       |
| Company Tracking Number: | ARIC SINGLE PREMIUM IMMEDIATE ANNUITY                                       |                        |   |
| TOI:                     | A051 Individual Annuities- Immediate Non-Variable                           | Sub-TOI:               | A051.000 Annuities - Immediate Non-variable |
| Product Name:            | ARIC Single Premium Immediate Annuity                                       |                        |   |
| Project Name/Number:     | ARIC Single Premium Immediate Annuity/ARIC Single Premium Immediate Annuity |                        |   |

## Disposition

Disposition Date: 01/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Filing Company: American Republic Insurance Company State Tracking Number: 47726

Company Tracking Number: ARIC SINGLE PREMIUM IMMEDIATE ANNUITY

TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable

Product Name: ARIC Single Premium Immediate Annuity

Project Name/Number: ARIC Single Premium Immediate Annuity/ARIC Single Premium Immediate Annuity

| Schedule            | Schedule Item                   | Schedule Item Status | Public Access |
|---------------------|---------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification            |                      | Yes           |
| Supporting Document | Application                     |                      | Yes           |
| Supporting Document | Life & Annuity - Actuarial Memo |                      | No            |
| Supporting Document | Statement of Variability        |                      | Yes           |
| Form (revised)      | SPIA                            |                      | Yes           |
| Form                | SPIA                            | Replaced             | Yes           |
| Form                | Application                     |                      | Yes           |
| Form                | Supplemental Questionnaire      |                      | Yes           |
| Form                | Supplemental Questionnaire B    |                      | Yes           |
| Form                | Supplemental Questionnaire C    |                      | Yes           |
| Form                | Supplemental Questionnaire D    |                      | Yes           |
| Form                | Supplemental Questionnaire E    |                      | Yes           |
| Form                | Supplemental Questionnaire F    |                      | Yes           |
| Form                | Supplemental Questionnaire G    |                      | Yes           |
| Form                | Supplemental Questionnaire H    |                      | Yes           |
| Form                | Supplemental Questionnaire I    |                      | Yes           |
| Form                | Roth IRA                        |                      | Yes           |
| Form                | IRA                             |                      | Yes           |

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Company Tracking Number: ARIC SINGLE PREMIUM IMMEDIATE ANNUITY

TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable

Product Name: ARIC Single Premium Immediate Annuity

Project Name/Number: ARIC Single Premium Immediate Annuity/ARIC Single Premium Immediate Annuity

## Amendment Letter

Submitted Date: 01/19/2011

### Comments:

The Annuity Payment Increase provision under Section 3 was modified slightly for clarification.

### Changed Items:

#### Form Schedule Item Changes:

#### Form Schedule Item Changes:

| Form Number | Form Type                              | Form Name | Action  | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments           |
|-------------|--|-----------|---------|-------------------|-------------------|-----------------|-------------------|-----------------------|
| EA11        | Policy/Contr act/Fraternal Certificate | SPIA      | Initial |                   |                   |                 | 54.800            | Policy -- 1-17-11.pdf |

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TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable Variable

Product Name: ARIC Single Premium Immediate Annuity

Project Name/Number: ARIC Single Premium Immediate Annuity/ARIC Single Premium Immediate Annuity

## Form Schedule

### Lead Form Number: EA11

| Schedule Item Status | Form Number   | Form Type Form Name   | Action  | Action Specific Data | Readability | Attachment                        |
|----------------------|---------------|---|---------|----------------------|-------------|-----------------------------------|
|                      | EA11          | Policy/Cont SPIA<br>ract/Fratern<br>al<br>Certificate           | Initial |                      | 54.800      | Policy -- 1-17-11.pdf             |
|                      | EA11APP       | Application/ Application<br>Enrollment<br>Form                  | Initial |                      |             | EA11APP 01-112-0928-XXXX-US.pdf   |
|                      | EA11Supp<br>A | Application/ Supplemental<br>Enrollment Questionnaire<br>Form   | Initial |                      |             | EA11SuppA 01-112-0930-XXXX-US.pdf |
|                      | EA11Supp<br>B | Application/ Supplemental<br>Enrollment Questionnaire B<br>Form | Initial |                      |             | EA11SuppB 01-112-0931-XXXX-US.pdf |
|                      | EA11Supp<br>C | Application/ Supplemental<br>Enrollment Questionnaire C<br>Form | Initial |                      |             | EA11SuppC 01-112-0932-XXXX-US.pdf |
|                      | EA11Supp<br>D | Application/ Supplemental<br>Enrollment Questionnaire D<br>Form | Initial |                      |             | EA11SuppD 01-112-0933-XXXX-US.pdf |
|                      | EA11Supp<br>E | Application/ Supplemental<br>Enrollment Questionnaire E<br>Form | Initial |                      |             | EA11SuppE 01-112-0934-XXXX-US.pdf |
|                      | EA11Supp<br>F | Application/ Supplemental<br>Enrollment Questionnaire F<br>Form | Initial |                      |             | EA11SuppF 01-112-0935-XXXX-US.pdf |
|                      | EA11Supp<br>G | Application/ Supplemental<br>Enrollment Questionnaire G<br>Form | Initial |                      |             | EA11SuppG 01-112-0936-XXXX-US.pdf |
|                      | EA11Supp<br>H | Application/ Supplemental<br>Enrollment Questionnaire H         | Initial |                      |             | EA11SuppH 01-112-0937-            |



|                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>AMRP-126983859</i>   | <i>State:</i>                 | <i>Arkansas</i>   |
| <i>Filing Company:</i>          | <i>American Republic Insurance Company</i>  | <i>State Tracking Number:</i> | <i>47726</i>  |
| <i>Company Tracking Number:</i> | <i>ARIC SINGLE PREMIUM IMMEDIATE ANNUITY</i>  |                               |   |
| <i>TOI:</i>                     | <i>A05I Individual Annuities- Immediate Non-Variable</i>  | <i>Sub-TOI:</i>               | <i>A05I.000 Annuities - Immediate Non-variable</i>      |
| <i>Product Name:</i>            | <i>ARIC Single Premium Immediate Annuity</i>  |                               |   |
| <i>Project Name/Number:</i>     | <i>ARIC Single Premium Immediate Annuity/ARIC Single Premium Immediate Annuity Form</i>                 |                               |   |
|                                 | EA11Suppl Application/ Supplemental Enrollment Questionnaire I Form                                     | Initial                       | XXXX-US.pdf<br>EA11Suppl<br>01-112-0938-<br>XXXX-US.pdf |
|                                 | Roth11 Policy/Cont Roth IRA ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial                       | Roth IRA 1-<br>12-11.pdf                                |
|                                 | IRA11 Policy/Cont IRA ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider       | Initial                       | Regular IRA -<br>- 1-12-11.pdf                          |

**Overnight Address:** [601 – 6<sup>th</sup> Avenue, Des Moines, Iowa 50309]

**Mailing Address:** [P.O. Box 1, Des Moines, Iowa 50306-8910]

**Telephone:** [800-247-2190]

**Fax:** [515-247-2435]

[www.americanrepublic.com]

## COVER PAGE

American Republic Insurance Company (“We”, “Our” or “Us”) agrees to provide the benefits and rights described in this Policy to the Owner (“You” or “Your”) of this Policy according to the terms of this Policy.

This is a legal contract between You and Us.

### READ YOUR POLICY CAREFULLY.


### NOTICE OF 30 DAY RIGHT TO CANCEL THIS POLICY:

Within thirty (30) days after You first receive this Policy, You may cancel it for any reason. In order to cancel the Policy, You may either:

- Hand deliver or mail this Policy and a letter notifying Us of the cancellation to Our home office at the above address; or
- Hand deliver or mail this Policy and a letter notifying Us of the cancellation to the agent from whom You purchased the Policy.

Upon cancellation, We will promptly return any money paid to Us for the Policy, less any payments made under this Policy and the Policy will be void from the beginning.

Signed for American Republic Insurance Company,

[  ]  
[President]

[  ]  
[Secretary]

### Single Premium Immediate Annuity Policy

**This Policy has no cash surrender value or loan value. This Policy has no death benefit except as provided for in the Payment Description section of the Policy Specifications included herein.**

### NONPARTICIPATING

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## POLICY SPECIFICATIONS

|                                   |   |
|-----------------------------------|---|
| Policy Number:                    | [1001]  |
| Effective Date:                   | [January 1, 2011]   |
| Owner:                            | [Jane Doe]  |
| Payee:                            | [Jane Doe]  |
| Annuitant:                        | [Jane Doe]  |
| Annuitant's Age:                  | [70]  |
| Annuitant's Gender:               | [Female]  |
| [Joint Annuitant:                 | John Doe  |
| Joint Annuitant's Age:            | 75  |
| Joint Annuitant's Gender:         | Male]   |
| Beneficiary:                      | [Bob Johnson]   |
| Premium Payment:                  | [\$80,000]  |
| Initial Annuity Payment Date:     | [February 1, 2011]  |
| Initial Annuity Payment:          | [\$623.56]  |
| [Annual Annuity Payment Increase: | [1-6%], [Simple, Compound]]   |
| Frequency of Payments:            | [Monthly, Quarterly, Semi-Annually, Annually]   |
| [Guaranteed Payments:             | [100]]  |
| Payment Description:              | [\$623.56 monthly while both Annuitant and Joint Annuitant are alive; \$311.78 monthly while only one of the Annuitant and Joint Annuitant are alive; no payment if both are deceased. However, at least 100 monthly payments of \$623.56 will be made regardless of whether Annuitant and Joint Annuitant survive for 100 months.] |

## Section 1.

## Annuity Policy Summary

---

You have purchased a single premium immediate annuity policy ("Policy"). In exchange for the premium You paid to Us, We will pay periodic Annuity Payments to the designated Payee. This Policy is non-participating, which means that You do not share in revenues or dividends.

## Section 2.

## Definitions

---

Certain terms are capitalized throughout Your Policy. The capitalized terms are defined as follows:

**Annuitant:** The person whose continued survival results in the continuation of lifetime Annuity Payments.

**Annuity Payment:** The money We periodically pay to the Payee you designated in the Application.

**Application:** The form that was completed in order to apply for this Annuity Policy. The Application is considered part of this Policy.

**Beneficiary:** The person (or entity) whom You designated in the Application to receive the remaining Annuity Payments, if any, upon the death of the Annuitant, if the deceased Annuitant also was the Payee.

**Effective Date:** The Effective Date is the date on which this Policy became legally enforceable. The Effective Date for this Policy is listed on the Policy Specifications page.

**Guaranteed Payments:** The minimum number of Annuity Payments that We will make under this Policy.

**Joint Annuitant:** The person identified as the Joint Annuitant on the Policy Specifications page, if applicable. Upon the death of the Annuitant, the Joint Annuitant will become the Annuitant for the remaining joint Annuity Payments.

**Owner:** The person (or entity) who is entitled to exercise the rights under this Policy. The Owner is referred to in this Policy as "You" and "Your".

**Premium Payment:** The money You paid to Us in order to obligate Us to make the Annuity Payments.

**Us/We/Our:** American Republic Insurance Company, which is the insurance company issuing this Policy.

**You/Your:** The Owner of this Policy.

### Section 3.

### Annuity Payout

---

**Annuity Payments.** We will make the Annuity Payments beginning on the Initial Annuity Payment Date and continuing through the termination of this Policy. The Initial Annuity Payment Date is listed on the Policy Specifications page.

**Termination.** The final payment under this Policy will be made on the later of the following: the last payment due date on or before the date of the Annuitant's or Joint Annuitant's death (as applicable); or when all Guaranteed Payments have been made.

**Annuity Payment Increase.** If you selected the Annuity Payment Increase option on your Application, the size of the annual increase will be listed on the Policy Specifications page. Each year, the amount of your Annual Annuity Payment Increase will be as described in the Payment Description section of the Policy Specifications page, starting on the first anniversary of the Initial Annuity Payment Date.

**Evidence of Survival.** In order to confirm that an Annuitant is alive at the time a lifetime Annuity Payment is due, We have the right to require evidence of the Annuitant's survival. If We make the request in writing, We may withhold Annuity Payments until You provide Us with the requested evidence.

**Payments Calculated Using Incorrect Age or Gender.** If We calculated Your Annuity Payments based on an age or gender that is incorrect, We will recalculate the Annuity Payment amount using the correct age and gender to determine the appropriate amount. If We underpaid based on incorrect age or gender, We will make a lump sum payment of any amount that was underpaid. Any amounts We overpaid on the basis of incorrect age or gender will be charged against Annuity Payments that come due after We make the correction. Amounts paid or charged will be adjusted based on an annual interest rate of six percent (6%).

## **Section 4.**

## **Miscellaneous Policy Provisions**

---

**Minimum Benefits.** Benefits under this Policy will not be less than the minimum benefits, if any, required under the laws of the state in which this Policy was delivered.

**Owner.** The Owner for this Policy is as listed on the Policy Specifications page. In order to change ownership of the Policy, You must notify Us of such change in writing while the Annuitant is still alive. Once we receive the notice, the effective date of the change will be the date You sign such notice regardless of whether the Annuitant is still alive when We receive the notice. However, the change will be subject to any payment We made or actions We may have taken before We received the notice.

**Death of Owner.** If the Owner dies before termination of this Policy, the Annuitant will become the new Owner unless the original Owner provided us with different written instructions during the original Owner's life, subject to Our receipt of the instructions.

**Beneficiary.** The Beneficiary You designated will remain in effect until You change it. You may, at any time before the death of the Annuitant or Owner (as applicable), change the person You want to be the Beneficiary by submitting a written request to Us. If Your earlier designation was irrevocable, You cannot later change or revoke the designation without the Beneficiary's written consent.

Upon Our receipt of a valid written request for change of Beneficiary, We will make such change and it will be effective as of the date You signed the request, regardless of whether the Annuitant or Owner is living when We receive the request. However, the change will be subject to any payment We made or actions We may have taken before We received the request.

One or more persons may be named as primary Beneficiary or contingent Beneficiary. When there is more than one Beneficiary, We will make any remaining payments in equal shares to the surviving Beneficiaries, unless you otherwise specify in writing.

**Entire Agreement.** In the absence of fraud, this Policy, along with any endorsements, riders and the Application, shall constitute the entire agreement between You and Us. All statements made in the Application will be deemed representations and not warranties. No change to this Policy will be effective unless signed by Our President or Secretary and all such changes must be in writing.

**Contestability.** We will not contest this Policy after it has been in force for two years from the Effective Date. Prior to the expiration of the two year period, we reserve the right to perform an audit to verify that the medical information provided on the Application was accurate. If We find that material misrepresentations were made in

responses on the Application or in any supplements to the Application, We reserve the right to rescind or reform this Policy.

**Conformity with the Law.** If any provision of this Policy is contrary to any law to which it is subject, the provision is amended to conform to the minimum standards of the law.

**Loans.** Loans are not available under this Policy.

**Assignment of Policy.** If allowed by law, You may assign this Policy. In order to make a valid assignment, You must provide Us with written notice of the assignment. The assignment must be signed and dated by the Owner and mailed to Us at Our home office. The assignment will be effective as of the date the assignment is signed by the Owner, so long as We receive the document in a timely manner. We will not be liable for either of the following: actions taken prior to Our receipt of the assignment; or actions taken in accordance with instructions given to Us before We receive the assignment. We also will not be responsible for verifying the validity of any assignment beyond what is required by law.

**Currency.** All payments under this Policy will be made in United States dollars.

**Singular References and Changes of Designees.** Your Policy includes references to some or all of the following terms: Owner; Beneficiary; Payee, entity and Annuitant. Singular references to these terms include the plural if the context requires, and may extend to joint and/or contingent arrangements. For example, a reference in the Policy to the Owner may also extend to the Joint Owner, if there is a Joint Owner for Your Policy.

You generally are allowed to change the Owner, Beneficiary and/or Payee you originally designated. However, if you want to change such a designee to one that is not a natural person, You must notify Us of the desired change and We have the discretion whether to agree to such change. If We agree to the change, We in no way are expressing an opinion as to the validity of such change. If agreed to by Us, any change under this section will be effective on the date the notice is signed, subject to Our receipt of the change. We will not be liable for actions taken according to instructions in place prior to Our receipt of such a change.

## **SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT**

**This Policy has no cash surrender value or loan value. This Policy  
Has no Death Benefit except as specifically provided for in the  
Annuity Description contained herein in the Policy Specifications.**

## **NONPARTICIPATING**





**American Republic**  
Insurance Company

601 6th Avenue, Des Moines, Iowa 50309

**Mailing Address:**

[P.O. BOX 1  
Des Moines, IA 50306-8910]

**Overnight Address:**

[601 6th Ave  
Des Moines, IA 50309]

**Phone:**

[1-800-247-2190]

**Fax:**

[(515) 247-2435]

**Website:**

[[www.americanrepublic.com](http://www.americanrepublic.com)]

## SECTION 1 ANNUITANT(S)

|  | Primary Annuitant   | Joint Annuitant (if applicable)*  |
|--|---|---|
| First Name                                   | <input type="text"/>  | <input type="text"/>  |
| Middle Initial                               | <input type="text"/>  | <input type="text"/>  |
| Last Name                                    | <input type="text"/>  | <input type="text"/>  |
| Date of Birth (MM/DD/YYYY)                   | <input type="text"/>  | <input type="text"/>  |
| Gender                                       | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female                                 |
| Social Security Number                       | <input type="text"/>  | <input type="text"/>  |
| Relationship to Owner                        | <input type="text"/>  | <input type="text"/>  |
|  |   | <i>Complete below only if Joint Annuitant's address is different from Primary Annuitant's</i> |
| Home Address                                 | <input type="text"/>  | <input type="text"/>  |
| City   | <input type="text"/>  | <input type="text"/>  |
| State  | <input type="text"/>  | <input type="text"/>  |
| ZIP Code                                     | <input type="text"/>  | <input type="text"/>  |
| Home Telephone Number<br>(Include Area Code) | <input type="text"/>  | <input type="text"/>  |
| Cell Phone<br>(Include Area Code)            | <input type="text"/>  | <input type="text"/>  |
| Email Address                                | <input type="text"/>  | <input type="text"/>  |

*Your email address will never be shared or sold. It may be used to send you important notices.*

\* A medical assessment form for the Joint Annuitant will be required if Joint Annuitant is suffering from a condition, and Supplemental Questionnaires are required, as indicated.

## SECTION 2 OWNER(S)

### Owner

### Joint Owner (Nonqualified Contracts Only)

|                                    |                      |                      |
|------------------------------------|----------------------|----------------------|
| Country of Citizenship if not U.S. | <input type="text"/> | <input type="text"/> |
| First Name (or Trust/Entity Name)  | <input type="text"/> | <input type="text"/> |
| Middle Initial                     | <input type="text"/> | <input type="text"/> |
| Last Name                          | <input type="text"/> | <input type="text"/> |

***Skip the remainder of this column  
if the Owner also is listed as the  
Annuitant or Joint Annuitant in Section 1.***

***Skip the remainder of this column  
if the Joint Owner also is listed as the  
Annuitant or Joint Annuitant in Section 1.***

Owner/Joint Owner is ☐ Individual ☐ Partnership  
(check one box only) ☐ Corporation ☐ Trust (Must attach copy of Trust)  
☐ Other:

☐ Individual ☐ Partnership  
☐ Corporation ☐ Trust (Must attach copy of Trust)  
☐ Other:

Date of Birth/Trust Date

Gender (if Individual) ☐ Male ☐ Female

☐ Male ☐ Female

Social Security Number or TIN

Relationship to Owner

Street Address

City

State

ZIP Code

Country

Telephone Number

Cell Phone

Email Address

*Your email address will never be shared or sold. It may be used to send you important notices.*

## SECTION 3 BENEFICIARIES (If more than one beneficiary, all proceeds are divided equally, unless you indicate otherwise.)

### 1st Beneficiary

### 2nd Beneficiary

This beneficiary is a: *(check one)*

Male ☐ Female ☐ Trust/Entity ☐

Male ☐ Female ☐ Trust/Entity ☐

First Name and M. I.  
(or Trust/Entity Name)



Last Name



Date of Birth/Trust Date  
(MM/DD/YYYY)



Social Security Number or TIN



Street Address



City



State



ZIP Code



Telephone Number  
(Include Area Code)



Relationship to Owner



This beneficiary is a: *(check one)*

Primary Beneficiary ☐ or Contingent Beneficiary ☐

Percentage of Death Benefit  
to this Beneficiary

 %

 %

Additional Beneficiaries *(if any)*: If you are naming additional beneficiaries, please check the following box and, on a separate sheet of paper signed by the Owner, please provide the same information for the additional beneficiary(ies) as you provided for the 2nd Beneficiary above:

☐ Check box only if you are naming additional beneficiaries.

## SECTION 4 PAYMENT OF PREMIUM

Contract type *(check one)*:

Qualified ☐ Non-Qualified ☐

If Qualified, Identify Type  
of Qualified Plan

Cash Submitted with  
Application

 \$

Estimated 1035 or Transfer/  
Rollover Amount

 \$

Total Initial Payment Amount

 \$

Method of Payment

Check ☐ Wire/ACH ☐

**All checks must be made payable to  
American Republic Insurance Company.**

**Do not make checks payable to the agent.**

## SECTION 5 ANNUITY PAYOUT OPTIONS

### [Single or Joint

Single Life Annuity or Joint Life Annuity?      Single Life ☐      Joint Life ☐

If Joint Life, please enter percentage of income payment  
EACH annuitant should continue receiving upon death of the other:

**Primary Annuitant:**

**Joint Annuitant:**

%

%

### Duration of Payments (Select one of the following options)\*\*

☐ Lifetime Income Only

I understand that for the Lifetime Income Only option, the annuity policy will terminate at the death of all persons listed in Section 1 of this application and no further payments will be made. ...

**Owner's Initials**

**Years**

☐ Lifetime Income with Certain Period of Years (between 5 and 20 years) .....

☐ Lifetime Income with Installment Refund (available on Single Life only)

☐ Lifetime Income with Cash Refund (available on Single Life only)

**\*\*For qualified plans: Not all payout plans offered will satisfy the required minimum distribution. Please consult your tax advisor before electing a payout plan.**

### Frequency of Payments

How often would you like payments to be made to the payee? (check one) ..... ☐ Monthly    ☐ Semi-Annually  
☐ Quarterly    ☐ Annually

### Level or Increasing Payments

Would you like the payout amounts to remain level or increase annually (if increasing, also check the box indicating the percentage)? ..... ☐ Level Annuity Payment  
☐ Annual Annuity Payment Increase  
    ☐ 1%    ☐ 2%    ☐ 3%  
    ☐ 4%    ☐ 5%    ☐ 6%

If Annual Annuity Payment Increase selected, please check whether simple or compound interest. .... ☐ Simple Interest  
☐ Compound Interest

### Payee

Person to receive the annuity payments: (check one) ..... ☐ Primary Annuitant  
☐ Joint Annuitant  
☐ Owner  
☐ Joint Owner  
☐ Other

If you checked "Other", please provide Payee name and Address below:

**Payee**

**Street Address**

**City**

**State**

**ZIP Code**

### Day of Month for Payments

Which day of the month should annuity payments be made? ..... ☐ 1st    ☐ 15th    ☐ 28th]

## SECTION 6 DIRECT DEPOSIT OF ANNUITY PAYMENTS

Complete this section only if you would like us to direct deposit the annuity payments into an account at a bank or other financial institution.

### Authorization to Bank or Other Financial Institution

☐ Checking (a voided check is required) ☐ Savings

First Name (as it appears on account) M.I. Last Name (as it appears on account)

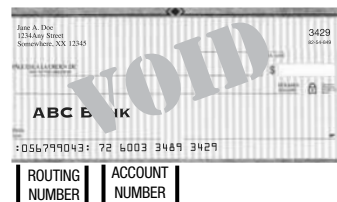



Bank or Financial Institution Name (including branch, if any)

Routing Number

Bank or Financial Institution's Address

Account Number



I hereby authorize American Republic Insurance Company to initiate debit/credit entries to the account indicated above. This authorization will remain in force until I provide American Republic Insurance Company written notice of termination of the authorization. I will not hold the bank or financial institution liable for any erroneous deposits or adjustments.

Signature of Account Owner

X

Signature of Joint Account Owner (if any)

X

TAPE VOIDED CHECK HERE

## SECTION 7 EXISTING POLICIES

Do you currently have an annuity or life insurance policy?..... ☐ Yes ☐ No

Will the American Republic annuity replace an existing annuity or life insurance policy? ..... ☐ Yes ☐ No

If "Yes" to either question above, you must submit the required replacement forms and provide the information for each existing policy.

Policy Type (Annuity or Life)

Policy Number

Company

Insured/Annuitant

Policy Type (Annuity or Life)

Policy Number

Company

Insured/Annuitant

## SECTION 8 ANNUITANT'S MEDICAL INFORMATION

**Annuitant's Primary Care Physician**

**Primary Care Physician's**

**Telephone Number (include area code)**

**Date of Annuitant's Last Visit with  
his/her Primary Care Physician (MM/DD/YYYY)**

**Annuitant's Height**

FT.

**Annuitant's Weight**

LBS.

**Gender**

☐ Male ☐ Female

### Annuitant Medical History

**For the following questions, the word "treated" means that one or both of the following occurred:**

**(1) a medical professional prescribed a medication or course of action for the Annuitant; or**

**(2) the Annuitant underwent or has been advised to undergo any testing for the purpose of  
diagnosing whether you have a medical condition.**

**"You" as used in the following questions means Annuitant.**

1. Do you smoke?..... ☐ Yes ☐ No

If **"Yes"**, do you smoke: ..... ☐ Cigarettes ☐ Pipe ☐ Cigars

How many cigarettes, pipes, and cigars do you smoke each day?.....

2. Do you have high blood pressure (hypertension) that has been diagnosed or treated by a member  
of the medical profession?..... ☐ Yes ☐ No

If **"Yes"**, how many different prescription medications do you take  
for your blood pressure? ..... ☐ None ☐ One drug ☐ Two drugs ☐ More than two drugs

3. Do you have high cholesterol (hyperlipidemia) that has been diagnosed or treated by a member  
of the medical profession?..... ☐ Yes ☐ No

If **"Yes"**, are you taking prescription medications on a regular basis for this condition?..... ☐ Yes ☐ No

If **"Yes"**, how many different prescription medications do you take  
for high cholesterol? ..... ☐ None ☐ One drug ☐ Two drugs ☐ More than two drugs

4. Please check the box for each condition for which you have been diagnosed or treated by a member of the medical profession:

- |  |  |
|--|--|
| Heart Attack, Heart Bypass, Angioplasty, Recurrent Chest Pain (Angina),<br>Enlarged Heart, Heart Failure, Irregular Heart Beat (Arrhythmia),<br>Problem with Heart Valve (Valvular Heart Disease), Any other Heart Problem | <input type="checkbox"/> Please complete Questionnaire A |
| Stroke or Brain Hemorrhage   | <input type="checkbox"/> Please complete Questionnaire B |
| Cancer, Leukemia, Hodgkin's Disease, Lymphoma, Brain or Spinal Tumor   | <input type="checkbox"/> Please complete Questionnaire C |
| Type I or Type II Diabetes   | <input type="checkbox"/> Please complete Questionnaire D |
| Alzheimer's Disease, Parkinson's Disease, or Dementia  | <input type="checkbox"/> Please complete Questionnaire E |
| Multiple Sclerosis   | <input type="checkbox"/> Please complete Questionnaire F |
| Kidney failure   | <input type="checkbox"/> Please complete Questionnaire G |
| Liver condition  | <input type="checkbox"/> Please complete Questionnaire H |
| Chronic Obstructive Pulmonary Disease (COPD)   | <input type="checkbox"/> Please complete Questionnaire I |
| ANY OTHER condition  | <input type="checkbox"/> Please provide details below.   |

Please state exact condition,  
date of diagnosis, treatment/  
medication (including dates)  
and dosage required. Please  
give full details of any  
hospitalization and whether  
you are suffering symptoms,  
their frequency and severity.

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|  |

If you need more space, please complete on a separate sheet of paper.

## SECTION 9 JOINT ANNUITANT'S MEDICAL INFORMATION

(To be completed only if you named a Joint Annuitant in Section 1.)

Joint Annuitant's Primary Care Physician

Primary Care Physician's

Telephone Number (include area code)

Date of Joint Annuitant's Last Visit with  
his/her Primary Care Physician (MM/DD/YYYY)

Joint Annuitant's Height

FT.

Joint Annuitant's Weight

LBS.

Gender

☐ Male ☐ Female

### Joint Annuitant Medical History

For the following questions, the word "treated" means that one or both of the following occurred:

(1) a medical professional prescribed a medication or course of action for the Joint Annuitant; or

(2) the Joint Annuitant underwent or has been advised to undergo any testing for the purpose of diagnosing whether you have a medical condition.

"You" as used in the following questions means Joint Annuitant.

1. Do you smoke?.....☐ Yes ☐ No

If "Yes", do you smoke: .....☐ Cigarettes ☐ Pipe ☐ Cigars

How many cigarettes pipes, and cigars do you smoke each day?.....

2. Do you have high blood pressure (hypertension) that has been diagnosed or treated by a member of the medical profession?.....☐ Yes ☐ No

If "Yes", how many different prescription medications do you take for your blood pressure?.....☐ None ☐ One drug ☐ Two drugs ☐ More than two drugs

3. Do you have high cholesterol (hyperlipidemia) that has been diagnosed or treated by a member of the medical profession?.....☐ Yes ☐ No

If "Yes", are you taking prescription medications on a regular basis for this condition?.....☐ Yes ☐ No

If "Yes", how many different prescription medications do you take for high cholesterol? .....☐ None ☐ One drug ☐ Two drugs ☐ More than two drugs

4. Please check the box for each condition for which you have been diagnosed or treated by a member of the medical profession:

- |  |  |
|--|--|
| Heart Attack, Heart Bypass, Angioplasty, Recurrent Chest Pain (Angina),    |  |
| Enlarged Heart, Heart Failure, Irregular Heart Beat (Arrhythmia),          |  |
| Problem with Heart Valve (Valvular Heart Disease), Any other Heart Problem | <input type="checkbox"/> Please complete Questionnaire A |
| Stroke or Brain Hemorrhage   | <input type="checkbox"/> Please complete Questionnaire B |
| Cancer, Leukemia, Hodgkin's Disease, Lymphoma, Brain or Spinal Tumor       | <input type="checkbox"/> Please complete Questionnaire C |
| Type I or Type II Diabetes   | <input type="checkbox"/> Please complete Questionnaire D |
| Alzheimer's Disease, Parkinson's Disease, or Dementia                      | <input type="checkbox"/> Please complete Questionnaire E |
| Multiple Sclerosis   | <input type="checkbox"/> Please complete Questionnaire F |
| Kidney failure   | <input type="checkbox"/> Please complete Questionnaire G |
| Liver condition  | <input type="checkbox"/> Please complete Questionnaire H |
| Chronic Obstructive Pulmonary Disease (COPD)                               | <input type="checkbox"/> Please complete Questionnaire I |
| ANY OTHER condition  | <input type="checkbox"/> Please provide details below.   |

Please state exact condition, date of diagnosis, treatment/ medication (including dates) and dosage required. Please give full details of any hospitalization and whether you are suffering symptoms, their frequency and severity.

|  |
|--|
|  |
|  |
|  |
|  |
|  |

If you need more space, please complete on a separate sheet of paper.



## SECTION 10 TREATMENT BY SPECIALISTS

1. Is the Annuitant being treated by any specialist? ..... ☐ Yes ☐ No

If "Yes", please provide the specialist's name, phone number and date of last visit.

**Annuitant's Specialist's Name**

**Date of Annuitant's Last Visit (MM/DD/YYYY)**

**Annuitant's Specialist's**

**Telephone Number (include area code)**

2. Is the Joint Annuitant being treated by any specialist? ..... ☐ Yes ☐ No

If "Yes", please provide the specialist's name, phone number and date of last visit.

**Joint Annuitant's Specialist's Name**

**Date of Joint  
Annuitant's Last Visit (MM/DD/YYYY)**

**Joint Annuitant's Specialist's**

**Telephone Number (include area code)**

## SECTION 11 PLEASE READ AND SIGN

**FRAUD NOTICE/WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for an annuity policy is guilty of a crime and may be subject to fines and civil and criminal penalties/ punishment.

I acknowledge to the best of my knowledge and belief the annuity and any additional benefits applied for are suitable for my investment time horizon, goals and objectives, and financial situation and needs.

I certify that the answers and statements in this application are complete and true to the best of my knowledge and belief. I understand American Republic Insurance Company does not authorize any agent to accept risks or make, change or end any annuity contract. I have read or have had read to me the completed application, and I understand it.

Signed at:

**City**

**State**

**Date (MM/DD/YYYY)**

**Owner's Signature**

**X**

**Joint Owner's Signature (if any)**

**X**

**Primary Annuitant's Signature**

**X**

**Joint Annuitant's Signature (if any)**

**X**

**Witness**

**X**

**NOT INSURED BY ANY GOVERNMENT AGENCY  
NO BANK GUARANTEE - NOT A DEPOSIT  
THIS ANNUITY IS *IRREVOCABLE* AND HAS *NO CASH VALUE***

## SECTION 12 FOR AGENT USE ONLY

To the best of your knowledge, does the customer have any existing annuity or life insurance contracts? ..... ☐ Yes ☐ No

To the best of your knowledge, has or will this annuity replace or change any annuity or life insurance? ..... ☐ Yes ☐ No

I understand that I am responsible for recommending a product that is suitable for this client (or couple). I believe this product is suitable based on the facts disclosed by the client(s) regarding their financial situation and needs.

I certify the information in this application was provided by the annuitants and owners and correctly recorded. I have no information to add that could affect the underwriting for the [enhanced] annuity product.

**Licensed Agent Signature**

**X**

**Date (MM/DD/YYYY)**

**Agent Name**

**Agent Number**

**Agent's Telephone Number**

**Agent's E-mail Address**

**Agent's License Identification Number**

## IMPORTANT INFORMATION - STATE NOTICES

**\*\* NOT INSURED BY ANY GOVERNMENT AGENCY \*\*    \*\* NO BANK GUARANTEE \*\*    \*\* NOT A DEPOSIT \*\***

**The following states require applicants to read and acknowledge the statement for your state below.**

**[For Applicants in Arizona:**

Upon written request, we are required to provide you with factual information regarding the benefits and provisions of this annuity. If for any reason you are not satisfied with this contract, you may return the contract within 20 days of receiving it for a refund of any premium you paid. **If you're age 65 or older at the time of application, you may return the contract within 30 days after receiving it for a refund of any premium you paid.]**

**[For Applicants in Arkansas, District of Columbia and Rhode Island:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

**[For Applicants in Colorado, Maine, Ohio, Oklahoma, Tennessee, Virginia, and West Virginia:**

Any person who knowingly intends to defraud an insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits the crime of fraud, and may be subject to criminal prosecution and civil penalties. In ME, CO, and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits. In CO, an insurer or insurance agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant to defraud or attempt to defraud the contract holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.]

**[For Applicants in Connecticut:**

I have received a copy of the disclosure material and understand that the results shown, other than the guaranteed minimum values, are not guarantees, promises, or warranties.]

**[For Applicants in Kentucky, New Mexico, and Pennsylvania:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In PA and NM, this activity subjects such a person to criminal and civil penalties.]

**[For Applicants in Louisiana and Maryland:**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

**[For Applicants in Florida:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.]

**[For Applicants in New Jersey:**

Any person who includes any false or misleading information on an application for an insurance contract is subject to criminal and civil penalties.]

**By signing below, the contract/policy owner acknowledges the provisions above and understands them and agrees to the following:**

- All statements and answers given in this or any supplemental applications that will be attached to this application are true and complete to the best of my knowledge;
- I understand that I may return my contract/policy within the right-to-examine period (shown on the first page of my contract/policy) if I am dissatisfied for any reason; and
- I believe this annuity is suitable for my financial goals.

**Owner's Signature**

**X**

**Date (MM/DD/YYYY)**

**Joint Owner's Signature (if any)**

**X**

**Date (MM/DD/YYYY)**

## HIPAA AUTHORIZATION

I authorize any person described below who has health information about me to disclose such information to American Republic Insurance Company and the entities with which it contracts to administer annuity applications (collectively the "Company"), and their agents and representatives. The purpose of the disclosure is so that the information may be used to underwrite and determine eligibility for the annuity policy(ies) for which I have applied and/or to audit the accuracy of the information I provided on the application. If the Company finds that material misrepresentations were made in responses on the application or in any supplements to the application, the Company reserves the right to rescind or reform the annuity policy. The Company will not contest the policy, however, after it has been in force for two years from the effective date of the policy.

Health information includes information on past and present physical or mental conditions (including, but not limited to, drug and/or alcohol conditions). It includes complete medical files. These files may include, but are not limited to: doctors' notes, lab reports, testing results, consulting doctor reports and test results. The information authorized for disclosure does not include psychotherapy notes.

I authorize disclosure of this information to the Company by any of the following sources: doctors, medical practitioners, hospitals, clinics, or other medical or medically related facilities or professionals; the Company's legal representatives or agents; insurers or reinsurers; health plans; consumer reporting agencies; public records; employers; or the Medical Information Bureau (MIB).

**Date (MM/DD/YYYY)**

**Annuitant's Name (Please Print)**

**Annuitant's Signature**

I understand:

- I can refuse to sign this Authorization. If I refuse, the Company will not be able to consider my application(s).
- I can revoke this Authorization at any time, except to the extent that the Company has acted in reliance upon it or other law that gives the Company the right to utilize the information obtained.
- Revoking this Authorization means the Company will not be able to consider my application(s). Requests to revoke must be in writing and sent to:

**Mailing Address:**

[P.O. BOX 1  
Des Moines, IA 50306-8910]

**Overnight Address:**

[601 6th Ave  
Des Moines, IA 50309]

- Subject to state and federal laws, information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and may no longer be protected.
- I (or my authorized personal representative) am entitled to and will be sent a copy of this Authorization.
- This Authorization expires 24 months from the date I sign it.

I agree that a copy of this Authorization is as valid as the original.

**Joint Annuitant's Name (If any) (Please Print)**

**Joint Annuitant's Signature (If any)**

## SUPPLEMENTAL QUESTIONNAIRE A - HEART

This Questionnaire supplements the application for:

Proposed Annuitant (or Joint Annuitant, if applicable)

Date of Application (MM/DD/YYYY)

For the following questions, the word "treated" means that one or both of the following occurred:  
(1) a medical professional prescribed a medication or course of action for the Annuitant (or Joint Annuitant); or  
(2) the Annuitant (or Joint Annuitant) underwent or has been advised to undergo any testing for the purpose of diagnosing whether you have a medical condition.

1. Have you been diagnosed or treated by a member of the medical profession for any of the following heart conditions or surgical interventions listed in Section 2 below? ..... ☐ Yes ☐ No

2. If "Yes" above, please indicate the specific conditions/interventions below for which you were diagnosed/treated:

Heart Attack ..... ☐ Yes

Heart Bypass ..... ☐ Yes

Angioplasty ..... ☐ Yes

Recurrent Chest Pain (Angina) ..... ☐ Yes

Enlarged Heart ..... ☐ Yes

Heart Failure ..... ☐ Yes

Irregular Heart Beat (Arrhythmia) ..... ☐ Yes

Problem with Heart Valve (Valvular Heart Disease) ..... ☐ Yes

Any Other Heart Problem (please specify the problem here if you check "Yes") ..... ☐ Yes

Other Heart Problem

3. How often have you been admitted to a hospital due to this condition within the past 10 years? ..... ☐ Never ☐ Once ☐ Twice ☐ Three Times ☐ More than Three Times

4. Did you undergo any stress (exercise) EKG (electrocardiogram) testing or treadmill? ..... ☐ Yes ☐ No

5. Did you consult a heart specialist (cardiologist) due to your condition? ..... ☐ Yes ☐ No

6. Does your condition affect you in any of the following ways?

Breathlessness walking from room to room ..... ☐ Never ☐ Occasionally ☐ Always

Breathlessness climbing stairs ..... ☐ Never ☐ Occasionally ☐ Always

Recurrent chest pains requiring drugs or spray ..... ☐ Never ☐ Occasionally ☐ Always

Swollen ankles ..... ☐ Never ☐ Occasionally ☐ Always

Need to sleep on 3 or more pillows ..... ☐ Never ☐ Occasionally ☐ Always

Episodes of dizziness or blackouts ..... ☐ Never ☐ Occasionally ☐ Always

Signed at: City

State

Date (MM/DD/YYYY)

Proposed Annuitant's (or Joint Annuitant's) Signature

Witness (Licensed Agent Signature)

X

X

Owner's Signature (if other than the Proposed Annuitant or Joint Annuitant completing this Questionnaire)

X

Date Condition  
First Diagnosed (MM/YYYY):

Date of Last Hospital  
Treatment for this  
Condition (MM/YYYY):

Date of Last Test (MM/YYYY):

Date of Last  
Consultation (MM/YYYY):

## SUPPLEMENTAL QUESTIONNAIRE B - STROKE/HEMORRHAGE

This Questionnaire supplements the application for:

**Proposed Annuitant** (or Joint Annuitant, if applicable)

**Date of Application** (MM/DD/YYYY)



**For the following questions, the word "treated" means that one or both of the following occurred:**  
(1) a medical professional prescribed a medication or course of action for the Annuitant (or Joint Annuitant); or  
(2) the Annuitant (or Joint Annuitant) underwent or has been advised to undergo any testing for the purpose of diagnosing whether you have a medical condition.

1. Have you been diagnosed or treated by a member of the medical profession for any form of brain hemorrhage or stroke (cerebral vascular accident)? ..... ☐ Yes ☐ No **Date of First Stroke/Hemorrhage (MM/YYYY):**
2. Have you been diagnosed with or treated for any additional strokes/hemorrhage? ..... ☐ Yes ☐ No **Date of Last Stroke/Hemorrhage (MM/YYYY):**
3. Have you been advised by a member of the medical profession that you have completely recovered? ..... ☐ Yes ☐ No
4. Do you have any of the following as a result of your stroke/hemorrhage? (Please check appropriate box or boxes.)
- Speech Impairment ..... ☐ Yes
  - Vision Impairment ..... ☐ Yes
  - Residual Paralysis of an Arm ..... ☐ Yes
  - Residual Paralysis of a Leg ..... ☐ Yes
  - Other ..... ☐ Yes
5. Concerning your mobility in respect of the stroke, are you:
- Fully Independent? ..... ☐ Yes
  - Able to walk, but only with assistance (e.g. cane, walker)? ..... ☐ Yes
  - Wheelchair bound? ..... ☐ Yes
  - In need of daily nursing care? ..... ☐ Yes
  - Bedridden? ..... ☐ Yes

**Signed at: City**

**State**

**Date (MM/DD/YYYY)**




**Proposed Annuitant's (or Joint Annuitant's) Signature**

**Witness (Licensed Agent Signature)**



**Owner's Signature** (if other than the Proposed Annuitant or Joint Annuitant completing this Questionnaire)

## SUPPLEMENTAL QUESTIONNAIRE C - CANCER

This Questionnaire supplements the application for:

**Proposed Annuitant (or Joint Annuitant, if applicable)**

**Date of Application (MM/DD/YYYY)**



**For the following questions, the word "treated" means that one or both of the following occurred:**  
**(1) a medical professional prescribed a medication or course of action for the Annuitant (or Joint Annuitant); or**  
**(2) the Annuitant (or Joint Annuitant) underwent or has been advised to undergo any testing for the purpose of**  
**diagnosing whether you have a medical condition.**

1. Have you been diagnosed or treated by a member of the medical profession for any form of cancer, leukemia, Hodgkin's disease, lymphoma, brain or spinal tumor? ..... ☐ Yes ☐ No

Type of Cancer

Part of Body Affected

**Date First Diagnosed (MM/YYYY):**

2. Have you been told by a member of the medical profession that your cancer was:  
Early Cancer (carcinoma in situ)? ..... ☐ Yes

Localized Cancer? ..... ☐ Yes

Advanced Cancer? ..... ☐ Yes

Not Known or None of the Above? ..... ☐ Yes

3. Are you under the treatment from a specialist (e.g. oncologist, hematologist)? ..... ☐ Yes ☐ No

**Date Admitted (MM/YYYY):**

4. Have you been admitted to a hospital for this condition? ..... ☐ Yes ☐ No

**Date of Last Recurrence (MM/YYYY):**

5. Have you been diagnosed or treated by a member of the medical profession for any recurrence of the cancer? ..... ☐ Yes ☐ No

6. Have you been diagnosed or treated by a member of the medical profession for cancer that spread into other parts of the body? ..... ☐ Yes ☐ No

If "Yes", has it spread into the following areas:

Lymph Nodes? ..... ☐ Yes

Liver? ..... ☐ Yes

Lung? ..... ☐ Yes

Bones? ..... ☐ Yes

Other Parts of the Body? ..... ☐ Yes

7. With special reference to leukemia, Hodgkin's disease or lymphoma, has it spread to any of the following:

Lymph Nodes in the upper body (chest)? ..... ☐ Yes

Lymph nodes in the lower body (abdomen, groin)? ..... ☐ Yes

Spleen? ..... ☐ Yes

Other Parts of the Body (e.g. brain, liver)? ..... ☐ Yes

8. Generally, in respect to your condition, what treatment did you receive:

Surgery? ..... ☐ Yes

Radiology? ..... ☐ Yes

Chemotherapy? ..... ☐ Yes

Bone Marrow Transplant? ..... ☐ Yes

Please specify other treatment

Other Treatment? ..... ☐ Yes

**Date of Last Treatment (MM/YYYY):**

**Signed at: City**

**State**

**Date (MM/DD/YYYY)**




**Proposed Annuitant's (or Joint Annuitant's) Signature**

**Witness (Licensed Agent Signature)**



**Owner's Signature (if other than the Proposed Annuitant or Joint Annuitant completing this Questionnaire)**



## SUPPLEMENTAL QUESTIONNAIRE D - DIABETES

This Questionnaire supplements the application for:

**Proposed Annuitant** (or Joint Annuitant, if applicable)

**Date of Application** (MM/DD/YYYY)

**For the following questions, the word "treated" means that one or both of the following occurred:**  
**(1) a medical professional prescribed a medication or course of action for the Annuitant (or Joint Annuitant); or**  
**(2) the Annuitant (or Joint Annuitant) underwent or has been advised to undergo any testing for the purpose of**  
**diagnosing whether you have a medical condition.**

**Date First  
Diagnosed (MM/YYYY):**

1. Do you have type I or type II diabetes that has been diagnosed or treated  
by a member of the medical profession? ..... ☐ Yes ☐ No

2. What is the type of treatment?..... ☐ Diet ☐ Oral Prescription Medication ☐ Insulin

3. How often do you monitor your blood glucose yourself?

- ☐ I don't monitor my blood glucose myself  
☐ 2-3 times per week  
☐ Once a day  
☐ 2-3 times per day  
☐ More than 3 times per day

**Date Last  
Admitted (MM/YYYY):**

4. Have you been admitted to a hospital due to your diabetes?..... ☐ Yes ☐ No

5. Do you have any of the following conditions as a result of your diabetes:

- Problems with your eyes (retinopathy)? ..... ☐ Yes  
Proteinuria (albumin in urine) or kidney problem (nephropathy)? ..... ☐ Yes  
Raised blood pressure? ..... ☐ Yes  
Loss of sensation (in feet and toes) (neuropathy)? ..... ☐ Yes  
None of the above ..... ☐ Yes

**Signed at: City**

**State**

**Date (MM/DD/YYYY)**

**Proposed Annuitant's (or Joint Annuitant's) Signature**

**Witness (Licensed Agent Signature)**

**Owner's Signature** (if other than the Proposed Annuitant or Joint Annuitant completing this Questionnaire)

## SUPPLEMENTAL QUESTIONNAIRE E - ALZHEIMER'S/PARKINSON'S/DEMENTIA

This Questionnaire supplements the application for:

**Proposed Annuitant** (or Joint Annuitant, if applicable)

**Date of Application** (MM/DD/YYYY)



**For the following questions, the word "treated" means that one or both of the following occurred:**  
**(1) a medical professional prescribed a medication or course of action for the Annuitant (or Joint Annuitant); or**  
**(2) the Annuitant (or Joint Annuitant) underwent or has been advised to undergo any testing for the purpose of diagnosing whether you have a medical condition.**

1. Have you been diagnosed or treated by a member of the medical profession for Alzheimer's disease, Parkinson's disease or Dementia? ..... ☐ Yes ☐ No

**Date First Diagnosed** (MM/YYYY)

2. Which disease have you been diagnosed or treated for? ..... ☐ Alzheimer's ☐ Parkinson's ☐ Dementia

**Date Last Admitted** (MM/YYYY)

3. Have you been admitted to a hospital for this condition or for complications, such as pneumonia or bed sores? ..... ☐ Yes ☐ No

4. How many different types of prescription medications do you take on a daily basis for your condition? ..... ☐ none ☐ 1-2 drugs ☐ 3 or more drugs

5. Concerning your mobility, are you presently:

Fully Independent? ..... ☐ Yes

Able to walk, but only with assistance (e.g. cane, walker)? ..... ☐ Yes

Wheelchair bound? ..... ☐ Yes

In need of daily nursing care? ..... ☐ Yes

Bedridden? ..... ☐ Yes

6. Are any of the following also present:

Previous Stroke? ..... ☐ Yes

Pressure Sores? ..... ☐ Yes

Seizures? ..... ☐ Yes

Heart Condition? ..... ☐ Yes

None of the Above ..... ☐ Yes

**Signed at: City**

**State**

**Date** (MM/DD/YYYY)

**Proposed Annuitant's (or Joint Annuitant's) Signature**

**Witness (Licensed Agent Signature)**

**Owner's Signature** (if other than the Proposed Annuitant or Joint Annuitant completing this Questionnaire)



## SUPPLEMENTAL QUESTIONNAIRE F - MULTIPLE SCLEROSIS

This Questionnaire supplements the application for:

**Proposed Annuitant** (or Joint Annuitant, if applicable)

**Date of Application** (MM/DD/YYYY)



For the following questions, the word "treated" means that one or both of the following occurred:  
(1) a medical professional prescribed a medication or course of action for the Annuitant (or Joint Annuitant); or  
(2) the Annuitant (or Joint Annuitant) underwent or has been advised to undergo any testing for the purpose of diagnosing whether you have a medical condition.

**Date First  
Diagnosed** (MM/YYYY)

1. When was the condition first diagnosed?

2. Over the past years your condition was:

- ☐ Stable  
☐ Deteriorated Mildly  
☐ Deteriorated Moderately  
☐ Deteriorated Radically

3. Have you been admitted to the hospital for this condition? ..... ☐ Yes ☐ No

**Date Last  
Admitted** (MM/YYYY)

4. Do you have any of the following:

- ☐ Visual Impairment?  
☐ Speech Impairment?  
☐ Paralysis of a limb?  
☐ None of these

5. Concerning your mobility in respect of this condition, are you:

- Fully Independent? ..... ☐ Yes  
Able to walk, but only with assistance (e.g. cane, walker)? ..... ☐ Yes  
Wheelchair bound? ..... ☐ Yes  
In need of daily nursing care? ..... ☐ Yes  
Bedridden? ..... ☐ Yes

**Signed at: City**

**State**

**Date** (MM/DD/YYYY)

**Proposed Annuitant's (or Joint Annuitant's) Signature**

**Witness** (Licensed Agent Signature)

**Owner's Signature** (if other than the Proposed Annuitant or Joint Annuitant completing this Questionnaire)



## SUPPLEMENTAL QUESTIONNAIRE G - KIDNEY FAILURE

This Questionnaire supplements the application for:

**Proposed Annuitant** (or Joint Annuitant, if applicable)

**Date of Application** (MM/DD/YYYY)

For the following questions, the word "treated" means that one or both of the following occurred:  
(1) a medical professional prescribed a medication or course of action for the Annuitant (or Joint Annuitant); or  
(2) the Annuitant (or Joint Annuitant) underwent or has been advised to undergo any testing for the purpose of diagnosing whether you have a medical condition.

1. Are you presently receiving regular dialysis and have you done so for more than 3 months? ..... ☐ Yes ☐ No

2. Do you have any of the following:

- ☐ High Blood Pressure requiring treatment with tablets?  
☐ Breathlessness and/or swollen legs requiring tablets?  
☐ A previous stroke?  
☐ None of them

3. Have you had a previous kidney transplant that is no longer functioning?..... ☐ Yes ☐ No

**Date of  
Transplant** (MM/YYYY)

**Signed at: City**

**State**

**Date** (MM/DD/YYYY)

**Proposed Annuitant's (or Joint Annuitant's) Signature**

**Witness** (Licensed Agent Signature)

**Owner's Signature** (if other than the Proposed Annuitant or Joint Annuitant completing this Questionnaire)



## SUPPLEMENTAL QUESTIONNAIRE H - LIVER DISEASE

This Questionnaire supplements the application for:

**Proposed Annuitant** (or Joint Annuitant, if applicable)

**Date of Application** (MM/DD/YYYY)

For the following questions, the word "treated" means that one or both of the following occurred:  
(1) a medical professional prescribed a medication or course of action for the Annuitant (or Joint Annuitant); or  
(2) the Annuitant (or Joint Annuitant) underwent or has been advised to undergo any testing for the purpose of diagnosing whether you have a medical condition.

**Date First  
Diagnosed** (MM/YYYY)

1. When was the liver problem first diagnosed?
2. Have you been hospitalized for liver failure or bleeding in the last 2 years? ..... ☐ Yes ☐ No
3. Are you taking tablets for swollen legs or swollen abdomen? ..... ☐ Yes ☐ No
4. Are you presently drinking alcohol on a regular (daily or weekly) basis? ..... ☐ Yes ☐ No

**Signed at: City**

**State**

**Date** (MM/DD/YYYY)

**Proposed Annuitant's (or Joint Annuitant's) Signature**

**Witness** (Licensed Agent Signature)

**Owner's Signature** (if other than the Proposed Annuitant or Joint Annuitant completing this Questionnaire)

## SUPPLEMENTAL QUESTIONNAIRE I - COPD

This Questionnaire supplements the application for:

**Proposed Annuitant** (or Joint Annuitant, if applicable)

**Date of Application** (MM/DD/YYYY)



**For the following questions, the word “treated” means that one or both of the following occurred:**  
**(1) a medical professional prescribed a medication or course of action for the Annuitant (or Joint Annuitant); or**  
**(2) the Annuitant (or Joint Annuitant) underwent or has been advised to undergo any testing for the purpose of diagnosing whether you have a medical condition.**

**Years**

1. How long have you suffered from this condition?

2. Have you been admitted to a hospital within the last 3 years for more than 1 day? ..... ☐ Yes ☐ No

☐ On one occasion

☐ On two occasions

☐ On more than two occasions

3. Do you experience any of the following:

☐ Breathlessness on minimal exertion, e.g. walking from room to room?

☐ Swollen lower legs?

☐ Breathlessness when lying down flat?

☐ Breathlessness when sitting?

4. What treatment do you receive for this condition?

☐ Nothing

☐ Tablets and/or inhalers

☐ Home oxygen therapy

**Signed at: City**

**State**

**Date** (MM/DD/YYYY)

**Proposed Annuitant's (or Joint Annuitant's) Signature**

**Witness (Licensed Agent Signature)**

**Owner's Signature** (if other than the Proposed Annuitant or Joint Annuitant completing this Questionnaire)

**Mailing Address:** [P.O. Box 1, Des Moines, Iowa 50306-8910]

**Overnight Address:** [601 – 6<sup>th</sup> Avenue, Des Moines, Iowa 50309]

**Telephone:** [1-800-247-2190]

**Fax:** [(515) 247-2435]

[www.americanrepublic.com]

## **IMMEDIATE INDIVIDUAL ROTH IRA ANNUITY ENDORSEMENT**

The Policy (“Contract”) to which this Endorsement is attached is issued as a Roth individual retirement annuity (“Roth IRA”), as described in Section 408A of the Internal Revenue Code of 1986 and applicable regulations (the “Code”). All provisions of the Contract and accompanying Endorsements shall be interpreted in accordance with the requirements of the Code applicable to Roth IRAs. Where the provisions of this Endorsement are inconsistent with the provisions of the Contract or any rider of the Contract, the provisions of this Endorsement shall control. The Contract to which this Endorsement is attached is amended as follows:

### **Section 1. Owner**

There can be only one Owner of the Contract. A Joint Owner cannot be named. Also, except as otherwise permitted under the Code and applicable regulations, no one can change the Owner under this Contract to a different Owner. While the Owner is alive, the Company is required to make all distributions to the Owner.

### **Section 2. Nontransferable and Nonforfeitable**

The Contract is established for the exclusive benefit of the Owner and his or her beneficiaries. The interest of the Owner in this Contract is nontransferable and, except as otherwise provided by law, nonforfeitable. The Contract may not be sold, assigned, discounted, or pledged as collateral for a loan or as security for the performance of an obligation or for any other purpose to any person or entity other than to the Company.

### **Section 3. Payment of Premium**

- (a) **Maximum Permissible Amount.** The single premium payment under the Contract must be in the form of a qualified rollover contribution. A “qualified rollover contribution” is a rollover contribution that satisfies the requirements set forth in Section 408(d)(3) of the Internal Revenue Code, except the one-rollover-per-year rule of Section 408(d)(3)(B) does not apply if the rollover contribution is from an IRA other than a Roth IRA (a “non-Roth IRA”). Contributions may be limited under (b) below.

- (b) **SIMPLE IRA Limits.** No transfer or rollover of funds attributable to contributions made by a particular employer under its SIMPLE IRA plan will be accepted from a SIMPLE IRA, that is, an IRA used in connection with a SIMPLE IRA plan, prior to the expiration of the two-year period beginning on the date the Owner first participated in that employer's SIMPLE IRA plan.
- (c) Any refund of premiums, other than those attributable to excess contributions, will be applied toward the purchase of additional benefits before the close of the calendar year following the year of the refund.
- (d) No premiums or contributions will be accepted after the Effective Date specified in the Contract.

#### **Section 4. Required Distributions Generally**

Notwithstanding any provision of this Roth-IRA to the contrary, the distribution of the Owner's interest in the IRA shall be made in accordance with the requirements of Code Section 408(b)(3), as modified by Section 408A(c)(5), and the regulations thereunder, the provisions of which are herein incorporated by reference. Distributions will be made in the form of an annuity on an irrevocable basis, except for acceleration.

The "interest" in the IRA includes the amount of any outstanding rollover and transfer under Q&A-7 and -8 of Section 1.408-8 of the Income tax Regulations and the actuarial value of any other benefits provided under the IRA, such as guaranteed death benefits.

#### **Section 5. Distributions During Owner's Life**

No amount is required to be distributed before the death of the Owner for whose benefit the Contract was originally established.

#### **Section 6. Distributions After the Owner's Death**

- (a) Upon the death of the Owner, his or her entire interest will be distributed at least as quickly as follows:
  - i. If the designated beneficiary is someone other than the Owner's surviving spouse, the entire interest will be distributed, starting by the end of the calendar year following the calendar year of the Owner's death, over the remaining life expectancy of the designated beneficiary, with such life expectancy determined using the age of the beneficiary as of his or her birthday in the year following the year of the Owner's death or, if elected, in accordance with paragraph (a)(iii) below.

- ii. If the Owner's sole designated beneficiary is the Owner's surviving spouse, the entire interest will be distributed, starting by the end of the calendar year following the calendar year of the Owner's death (or by the end of the calendar year in which the Owner would have attained age 70½, if later), over such spouse's life or, if elected, in accordance with paragraph (a)(iii) below. If the surviving spouse dies before distributions are required to begin to him or her, the remaining interest will be distributed, starting by the end of the calendar year following the calendar year of the spouse's death, over the spouse's designated beneficiary's remaining life expectancy determined using such beneficiary's age as of his or her birthday in the year following the death of the spouse or, if elected, will be distributed in accordance with paragraph (a)(iii) below. If the surviving spouse dies after required distributions have begun to be paid to him or her, any remaining interest will continue to be distributed under the Contract option selected.
  - iii. If there is no designated beneficiary, or if elected as allowed under paragraph (a)(i) or (a)(ii) above, the entire interest will be distributed by the end of the calendar year containing the fifth anniversary of the Owner's death (or of the spouse's death in the case of the surviving spouse's death before distributions are required to begin under paragraph (a)(ii) above).
- (b) Life expectancy is determined using the Single Life Table in Q&A-1 of Section 1.401(a)(9)-9 of the Income Tax Regulations. If distributions are being made to a surviving spouse as the sole designated beneficiary, such spouse's remaining life expectancy for a year is the number in the Single Life Table corresponding to such spouse's age in the year. In all other cases, remaining life expectancy for a year is the number in the Single Life Table corresponding to the beneficiary's age in the year specified in paragraph (a)(i) or (a)(ii) and reduced by one for each subsequent year.
- (c) For purposes of paragraph (a)(ii) above, required distributions are considered to commence on the date distributions are required to begin to the surviving spouse under such paragraph. However, if distributions start prior to the applicable date in the preceding sentence, on an irrevocable basis (except for acceleration) under an annuity contract meeting the requirements of Section 1.401(a)(9)-6 of the Income Tax Regulations, then required distributions are considered to commence on the annuity starting date.
- (d) If the sole designated beneficiary is the individual's surviving spouse, the spouse may elect to treat the IRA as his or her own IRA. This election will be deemed to have been made if such surviving spouse makes a contribution to the IRA or fails to take required distributions as a beneficiary.

## **Section 7. Payment Plans**

All payment plans under the Contract must meet the requirements applicable to Roth IRAs under the Code. The provisions of this Endorsement addressing requirements applicable to Roth IRAs override any payment plan inconsistent with such requirements.

If a guaranteed period of payments is selected under a payment plan, the length of the period must not exceed the applicable maximum period under Q&As-3 and -10 of Section 1.401(a)(9)-6 of the Income Tax Regulations.


## **Section 8. Annual Reports**

The Company will furnish annual calendar year reports concerning the status of this Contract and such information concerning required minimum distributions as is prescribed by the Commissioner of Internal Revenue.

## **Section 9. Code Requirements**

The provisions of this Endorsement are intended to comply with the requirements applicable to Roth IRAs. We reserve the right to amend the Contract and this Endorsement from time to time, without the Owner's consent, when such amendment is necessary to ensure continued compliance with Section 408A of the Code (and any successor provision) as in effect from time to time. The Owner has the right to refuse to accept any such amendment. However, the Company shall not be held liable for any tax consequences the Owner incurs as a result of such refusal.

Signed for American Republic Insurance Company,

[  ]  
President

[  ]  
Secretary



**Mailing Address:** [P.O. Box 1, Des Moines, Iowa 50306-8910]

**Overnight Address:** [601 – 6<sup>th</sup> Avenue, Des Moines, Iowa 50309]

**Telephone:** [1-800-247-2190]

**Fax:** [(515) 247-2435]

[www.americanrepublic.com]

## **INDIVIDUAL RETIREMENT ANNUITY ENDORSEMENT**

The Policy (“Contract”) to which this Endorsement is attached is issued as an individual retirement annuity (“IRA”), as described in Section 408(b) of the Internal Revenue Code of 1986 and applicable regulations (the “Code”). All provisions of the Contract and accompanying Endorsements shall be interpreted in accordance with the requirements of Section 408(b), or any successor provision. Where the provisions of this Endorsement are inconsistent with the provisions of the Contract or any rider of the Contract, the provisions of this Endorsement shall control. The Contract to which this Endorsement is attached is amended as follows:

### **Section 1. Owner and Annuitant**

There can be only one Owner of the Contract. A Joint Owner cannot be named. Also, except as otherwise permitted under the Code and applicable regulations, no one can change the Owner or Annuitant under the Contract. While the Owner is alive, the Company is required to make all distributions to the Owner. In addition, while alive the Owner will be the Annuitant.

### **Section 2. Joint Annuitant**

If a Joint Annuitant is named in this Contract, the Joint Annuitant also must be the beneficiary. While the Joint Annuitant is alive, all payments made under a joint and survivor payment plan must be made to the surviving Joint Annuitant.

### **Section 3. Nontransferable and Nonforfeitable**

The Contract is established for the exclusive benefit of the Owner and his or her beneficiaries. The interest of the Owner in this Contract is nontransferable and, except as otherwise provided by law, nonforfeitable. The Contract may not be sold, assigned, discounted, or pledged as collateral for a loan or as security for the performance of an obligation or for any other purpose to any person or entity other than to the Company.

#### **Section 4. Payment of Premium**

- (a) The single Premium Payment under the Contract must be in the form of a rollover contribution (as permitted by Sections 402(c), 402(e)(6), 403(a)(4), 403(b)(8), 403(b)(10), 408(d)(3) and 457(e)(16) of the Code), or through a nontaxable transfer from an individual retirement account under Section 408(a) of the Code, or through another IRA under Section 408(b) of the Code.
- (b) SIMPLE IRA Limits. No transfer or rollover of funds attributable to contributions made by a particular employer under its SIMPLE IRA plan will be accepted from a SIMPLE IRA, that is, an IRA used in connection with a SIMPLE IRA plan, prior to the expiration of the two-year period beginning on the date the Owner first participated in that employer's SIMPLE IRA plan.
- (c) We will apply any refund of premiums toward the purchase of additional benefits before the close of the calendar year following the year of the refund.

#### **Section 5. Required Distributions Generally**

Notwithstanding any provision of this IRA to the contrary, the distribution of the Owner's interest in the IRA shall be made in accordance with the requirements of Code Section 408(b)(3), and the regulations thereunder, the provisions of which are incorporated herein by this reference. Distributions will be made in the form of an annuity on an irrevocable basis, except for acceleration.

The "interest" in the IRA includes the amount of any outstanding rollover, transfer and recharacterization under Q&As-7 and -8 of Section 1.408-8 of the Income Tax Regulations and the actuarial value of any other benefits provided under the IRA, such as guaranteed death benefits.

#### **Section 6. Required Beginning Date**

As used in this Endorsement, the term "required beginning date" means the annuity commencement date or such other later date provided by law. For purposes of Sections 7 and 8 below, required distributions are considered to begin on the individual's required beginning date.

If the sole designated beneficiary is the individual's surviving spouse, the spouse may elect to treat the IRA as his or her own IRA. This election will be deemed to have been made if such surviving spouse fails to take required distributions as a beneficiary.

## **Section 7. Distributions During Owner's Life**

The Owner's entire interest in the Contract shall be distributed no later than the required beginning date, or begin to be distributed beginning no later than the required beginning date, over (a) the life of the Owner, or the lives of the Owner and his or her designated beneficiary (within the meaning of Section 401(a)(9) of the Code), or (b) a period certain not extending beyond the life expectancy of the Owner, or the joint and last survivor expectancy of the Owner and his or her designated beneficiary. Payments must be made in periodic installments at intervals of no longer than one year and must be either non-increasing or they may increase only as provided in Q&A-1 and -4 of Section 1.401(a)(9)-6 of the Income Tax Regulations. In addition, any distribution must satisfy the incidental benefit requirements specified in Q&A-2 of Section 1.401(a)(9)-6.

The distribution periods described in the preceding paragraph cannot exceed the periods specified in Section 1.401(a)(9)-6 of the Income Tax Regulations.

The first required payment can be made as late as April 1<sup>st</sup> of the year following the year the individual attains the age of 70½ and must be the payment that is required for one payment interval. The second payment doesn't need to be made until the end of the next payment interval.

## **Section 8. Distributions After the Owner's Death**

- (a) **Death On or After Required Distributions Begin.** Unless otherwise allowed under applicable law, if the Owner dies on or after required distributions begin, any remaining portion of the Owner's interest will be distributed pursuant to the Contract option selected.
- (b) **Death Before Required Distributions Begin.** If the Owner dies before required distributions begin, his or her entire interest will be distributed at least as quickly as follows:
  - i. If the designated beneficiary is someone other than the Owner's surviving spouse, the entire interest will be distributed, starting by the end of the calendar year following the calendar year of the Owner's death, over the remaining life expectancy of the designated beneficiary, with such life expectancy determined using the age of the beneficiary as of his or her birthday in the year following the year of the Owner's death or, if elected, in accordance with paragraph (b)(iii) below.
  - ii. If the Owner's sole designated beneficiary is the Owner's surviving spouse, the entire interest will be distributed, starting by the end of the calendar year following the calendar year of the Owner's death (or by the end of the calendar year in which the Owner would have attained age 70½, if later), over such spouse's life or, if elected, in

accordance with paragraph (b)(iii) below. If the surviving spouse dies before distributions are required to begin to him or her, the remaining interest will be distributed, starting by the end of the calendar year following the calendar year of the spouse's death, over the spouse's designated beneficiary's remaining life expectancy determined using such beneficiary's age as of his or her birthday in the year following the death of the spouse or, if elected, will be distributed in accordance with paragraph (b)(iii) below. If the surviving spouse dies after required distributions have begun to be paid to him or her, any remaining interest will continue to be distributed under the Contract option selected.

- iii. If there is no designated beneficiary, or if elected as allowed under paragraph (b)(i) or (b)(ii) above, the entire interest will be distributed by the end of the calendar year containing the fifth anniversary of the Owner's death (or of the spouse's death in the case of the surviving spouse's death before distributions are required to begin under paragraph (b)(ii) above).
- (c) Life expectancy is determined using the Single Life Table in Q&A-1 of Section 1.401(a)(9)-9 of the Income Tax Regulations. If distributions are being made to a surviving spouse as the sole designated beneficiary, such spouse's remaining life expectancy for a year is the number in the Single Life Table corresponding to such spouse's age in the year. In all other cases, remaining life expectancy for a year is the number in the Single Life Table corresponding to the beneficiary's age in the year specified in paragraph (b)(i) or (b)(ii) and reduced by one for each subsequent year.
- (d) If the designated beneficiary is someone other than the Owner's spouse, the Owner may make the election of distributions in accordance with paragraph (b)(iii) above (as provided for in paragraph (b)(i) above) unavailable to the designated beneficiary. If the Owner makes this election in a manner acceptable to the Company, the designated beneficiary cannot elect to receive distributions in accordance with paragraph (b)(iii).

## **Section 9. Payment Plans**

All payment plans under the Contract must meet the requirements of Section 408(b) of the Code and all applicable regulations. The provisions of this Endorsement addressing requirements of Code Sections 401(a)(9) and 408(b) override any optional payment plan inconsistent with such requirements.

If a guaranteed period of payments is selected under an optional payment plan, the length of the period must not exceed the applicable maximum period under Q&As-3 and -10 of Section 1.401(a)(9)-6 of the Income Tax Regulations.

## Section 10. Annual Reports

The Company will furnish annual calendar year reports concerning the status of this Contract and such information concerning required minimum distributions as is prescribed by the Commissioner of Internal Revenue.

## Section 11. Code Requirements

The provisions of this Endorsement are intended to comply with the requirements of the Code and applicable regulations for IRAs under Section 408(b) of the Code. We reserve the right to amend the Contract and this Endorsement from time to time, without the Owner's consent, when such amendment is necessary to ensure continued qualification of this Contract as an IRA under Section 408(b) of the Code (and any successor provision) as in effect from time to time. The Owner has the right to refuse to accept any such amendment. However, We shall not be held liable for any tax consequences the Owner incurs as a result of such refusal.

Signed for American Republic Insurance Company,

[ *Michael E Abbott* ]  
President

[ *Mary K Durand* ]  
Secretary

SERFF Tracking Number: AMRP-126983859 State: Arkansas

Filing Company: American Republic Insurance Company State Tracking Number: 47726

Company Tracking Number: ARIC SINGLE PREMIUM IMMEDIATE ANNUITY

TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable

Product Name: ARIC Single Premium Immediate Annuity

Project Name/Number: ARIC Single Premium Immediate Annuity/ARIC Single Premium Immediate Annuity

## Supporting Document Schedules

|   | Item Status: | Status<br>Date: |
|---|--------------|-----------------|
| <b>Satisfied - Item:</b> Flesch Certification |              |                 |
| <b>Comments:</b>                              |              |                 |
| <b>Attachment:</b>                            |              |                 |
| ARIC Flesch Score Certification.pdf           |              |                 |

|  | Item Status: | Status<br>Date: |
|--|--------------|-----------------|
| <b>Satisfied - Item:</b> Application                     |              |                 |
| <b>Comments:</b>   |              |                 |
| The application is included under the Form Schedule tab. |              |                 |

|   | Item Status: | Status<br>Date: |
|---|--------------|-----------------|
| <b>Satisfied - Item:</b> Statement of Variability |              |                 |
| <b>Comments:</b>                                  |              |                 |
| <b>Attachment:</b>                                |              |                 |
| Statement of Variability 1-13-11.pdf              |              |                 |

**READABILITY CERTIFICATION  
FLESCH SCORE**

| <u>FORM NUMBER</u> | <u>FLESCH SCORE</u> |
|--------------------|---------------------|
| EA11               | 54.8                |

THIS FLESCH READING EASE SCORE WAS BASED ON THE ENTIRE TEXT OF THE FORM(S).

I CERTIFY THAT THE FORM SHOWN ABOVE ACHIEVED THE SCORE INDICATED.



Michael C Fitzgerald  
Vice President & General Counsel  
American Republic Insurance Company

## Statement of Variability

**Variable: “Payment Interval” can be {Monthly, Quarterly, Semiannually, Annually}**

**Variable: “Guaranteed Payments” can be {1,2,3,..., 780}**

**Variable: “Payment Description”:**

### **1. If Single Life Annuity Only, Level Payments:**

- {Initial Annuity Payment} {Payment Interval} to {Payee} while {Annuitant} is living beginning on the initial payment date.
- No payments will be made after {Annuitant} is deceased.

#### **Example:**

- \$1,000.00 monthly to John Doe while John Doe is living beginning on the initial payment date.
- No payments will be made after John Doe is deceased.

### **2. If Single Life Annuity Only, Increasing Payments – Simple Interest:**

- {Payment Interval} payments to {Payee} while {Annuitant} is living beginning on the initial payment date.
- The amount of each payment during the first year is {Initial Annuity Payment}.
- On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment}.
- No payments will be made after {Annuitant} is deceased.

#### **Example:**

- Monthly payments to John Doe while John Doe is living beginning on the initial payment date.
- The amount of each payment during the first year is \$1,000.
- On each anniversary of the initial payment date the payments will increase by \$30.
- No payments will be made after John Doe is deceased.

### **3. If Single Life Annuity Only, Increasing Payments – Compound Interest:**

- {Payment Interval} payments to {Payee} while {Annuitant} is living beginning on the initial payment date.



- The amount of each payment during the first year is {Initial Annuity Payment}.
- On each anniversary of the initial payment date the payment(s) will increase by {increase % }.
- No payments will be made after {Annuitant} is deceased.

**Example:**

- Monthly payments to John Doe while John Doe is living beginning on the initial payment date.
- The amount of each payment during the first year is \$1,000.
- On each anniversary of the initial payment date the payments will increase by 3%.
- No payments will be made after John Doe is deceased.

**4. If Single Life Annuity with Certain Period:**

- Beginning on the initial payment date, {Initial Annuity Payment} {Payment Interval} to {Payee} while {Annuitant} is living but not less than {Guaranteed Payments} payments.
- No payments will be made after the {Annuitant} is deceased and {Guaranteed Payments} payments have been made.

**Example:**

- Beginning on the initial payment date \$1000.00 monthly to John Doe while John Doe is living but not less than 120 payments.
- No payments will be made after John Doe is deceased and 120 payments have been made.

**5. If Single Life Annuity with Certain Period, Increasing Payments – Simple Interest:**

- Beginning on the initial payment date, {Payment Interval} payments to {Payee} while {Annuitant} is living but not less than {Guaranteed Payments} payments.
- The amount of each payment during the first year is {Initial Annuity Payment}.
- On each anniversary of the initial payment date the payment(s) will increase by {increase % } x {Initial Annuity Payment}.
- No payments will be made after {Annuitant} is deceased and {Guaranteed Payments} payments have been made.

**Example:**

- Beginning on the initial payment date, Monthly payments to John Doe while John Doe is living but not less than 120 payments.
- The amount of each payment during the first year is \$1,000.
- On each anniversary of the initial payment date the payments will increase by \$30.
- No payments will be made after John Doe is deceased and 120 payments have been made.

#### **6. If Single Life Annuity with Certain Period, Increasing Payments – Compound Interest:**

- Beginning on the initial payment date, {Payment Interval} payments to {Payee} while {Annuitant} is living but not less than {Guaranteed Payments} of payments.
- The amount of each payment during the first year is {Initial Annuity Payment}.
- On each anniversary of the initial payment date the payment(s) will increase by {increase % }.
- No payments will be made after {Annuitant} is deceased and {Guaranteed Payments} payments have been made.

##### **Example:**

- Beginning on the initial payment date, Monthly payments to John Doe while John Doe is living but not less than 120 payments.
- The amount of each payment during the first year is \$1,000.
- On each anniversary of the initial payment date the payments will increase by 3%.
- No payments will be made after John Doe is deceased and 120 payments have been made.

#### **7. If Single Life Annuity with Installment Refund:**

- Beginning on the initial payment date, {Initial Annuity Payment} {Payment Interval} to {Payee} while {Annuitant} is living but not less than {Guaranteed Payments} payments.
- No payments will be made after {Annuitant} is deceased and {Guaranteed Payments} payments have been made.

##### **Example:**

- Beginning on the initial payment date, \$1000.00 monthly to John Doe while John Doe is living but not less than 134 payments.
- No payments will be made after John Doe is deceased and 134 payments have been made.

#### **8. If Single Life Annuity with Installment Refund, Increasing Payments – Simple Interest:**

- Beginning on the initial payment date, {Payment Interval} payments to {Payee} while {Annuitant} is living but not less than {Guaranteed Payments} payments.
- The amount of each payment during the first year is {Initial Annuity Payment}.
- On each anniversary of the initial payment date the payment(s) will increase by {increase % } x {Initial Annuity Payment}.
- No payments will be made after {Annuitant} is deceased and {Guaranteed Payments} payments have been made.

**Example:**

- Beginning on the initial payment date, Monthly payments to John Doe while John Doe is living but not less than 111 payments.
- The amount of each payment during the first year is \$1,000.
- On each anniversary of the initial payment date the payments will increase by \$30.
- No payments will be made after John Doe is deceased and 111 payments have been made.

**9. If Single Life Annuity with Installment Refund, Increasing Payments – Compound Interest:**

- Beginning on the initial payment date, {Payment Interval} payments to {Payee} while {Annuitant} is living but not less than {Guaranteed Payments} of payments.
- The amount of the payment on the initial payment date is {Initial Annuity Payment}.
- On each anniversary of the initial payment date the payment(s) will increase by {increase % }.
- No payments will be made after {Annuitant} is deceased and {Guaranteed Payments} payments have been made.

**Example:**

- Beginning on the initial payment date, Monthly payments to John Doe while John Doe is living but not less than 102 payments.
- The amount of the payment on the initial payment date is \$1,000.
- On each anniversary of the initial payment date the payments will increase by 3%.
- No payments will be made after John Doe is deceased and 102 payments have been made.

**10. If Single Life Annuity with Cash Refund:**

- Beginning on the initial payment date, {Initial Annuity Payment} {Payment Interval} to {Payee} while {Annuitant} is living.
- If the sum of the payments is less than {Premium Payment} when {Annuitant} is deceased, an additional payment of {Premium Payment} less the sum of the payments previously made will be paid to {Beneficiary}.
- No payments will be made after {Annuitant} is deceased and payments equal to or exceeding {Premium Payment} have been made.

**Example:**

- Beginning on the initial payment date, \$1000.00 monthly to John Doe while John Doe is living.

- If the sum of the payments is less than \$100,000 when John Doe is deceased, an additional payment of \$100,000 less the sum of the payments previously made will be paid to Beneficiary Doe.
- No payments will be made after John Doe is deceased and payments equal to or exceeding \$100,000 have been made.

#### **11. If Single Life Annuity with Cash Refund, Increasing Payments – Simple Interest:**

- Beginning on the initial payment date, {Payment Interval} payments to {Payee} while {Annuitant} is living.
- The amount of the payment on the initial payment is {Initial Annuity Payment}.
- On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment}.
- If the sum of the payments is less than {Premium Payment} when {Annuitant} is deceased, an additional payment of {Premium Payment} less the sum of the payments previously made will be paid to {Beneficiary}.
- No payments will be made after {Annuitant} is deceased and payments equal to or exceeding {Premium Payment} have been made.

#### **Example:**

- Beginning on the initial payment date, Monthly payments to John Doe while John Doe is living.
- The amount of the payment on the initial payment is \$1,000.
- On each anniversary of the initial payment date the payments will increase by \$30.
- If the sum of the payments is less than \$100,000 when {Annuitant} is deceased, an additional payment of \$100,000 less the sum of the payments previously made will be paid to Beneficiary Doe.
- No payments will be made after {Annuitant} is deceased and payments equal to or exceeding \$100,000 have been made.

#### **12. If Single Life Annuity with Cash Refund, Increasing Payments – Compound Interest:**

- Beginning on the initial payment date, {Payment Interval} payments to {Payee} while {Annuitant} is living.
- The amount of the payment on the initial payment date is {Initial Annuity Payment}.
- On each anniversary of the initial payment date the payment(s) will increase by {increase %}.
- If the sum of the payments is less than {Premium Payment} when {Annuitant} is deceased, an additional payment of {Premium Payment} less the sum of the payments previously made will be paid to {Beneficiary}.
- No payments will be made after {Annuitant} is deceased and payments equal to or exceeding {Premium Payment} have been made.

**Example:**

- Monthly payments to John Doe while John Doe is living.
- The amount of each payment during the first year is \$1,000.
- On each anniversary of the initial payment date the payments will increase by 3%.
- If the sum of the payments is less than \$100,000 when {Annuitant} is deceased, an additional payment of \$100,000 less the sum of the payments previously made will be paid to Beneficiary Doe.
- No payments will be made after {Annuitant} is deceased and payments equal to or exceeding \$100,000 have been made.

**13. If Joint Life Annuity Only: y% is chosen for annuitant1 and z% for annuitant2, Level Payments:**

- {Initial Annuity Payment} {Payment Interval} to {Payee} while both {annuitant1} and {annuitant2} are living beginning on the initial payment date.
- $y\% \times \{Initial\ Annuity\ Payment\}$  {Payment Interval} to {Payee} while {annuitant1} is living and {annuitant2} is deceased.
- $z\% \times \{Initial\ Annuity\ Payment\}$  {Payment Interval} to {Payee} while {annuitant2} is living and {annuitant1} is deceased.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased.

**Example:**

- \$1,000.00 monthly to John Doe while both John Doe and Mary Doe are living.
- \$900.00 monthly to John Doe while John Doe is living and Mary Doe is deceased.
- \$750.00 monthly to Mary Doe while Mary Doe is living and John Doe is deceased.
- No payments will be made after both John Doe and Mary Doe are deceased.

**a. If Joint Life Annuity Only and 100% chosen for both annuitants:**

- {Initial Annuity Payment} {Payment Interval} to {Payee} while either or both {annuitant1} or {annuitant2} is living beginning on the initial payment date.
- No payments will be made after both annuitants are deceased.

**Example:**

- \$1,000.00 monthly to John Doe while either or both John Doe or Mary Doe is living beginning on the initial payment date.
- No payments will be made after both John Doe and Mary Doe are deceased.

**b. If Joint Life Annuity Only and x% chosen for both annuitants:**

- {Initial Annuity Payment} {Payment Interval} to {Payee} while both {annuitant1} and {annuitant2} are living beginning on the initial payment date.
- $x\% \times \{Initial\ Annuity\ Payment\}$  {Payment Interval} to {Payee} while exactly one of {annuitant1} or {annuitant2} are living.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased.

**Example:**

- \$1,000.00 monthly to John Doe while both John Doe and Mary Doe are living.
- \$750.00 monthly to John Doe while exactly one of John Doe or Mary Doe are living.
- No payments will be made after both John Doe and Mary Doe are deceased.

**14. If Joint Life Annuity Only: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Simple Interest:**

- {Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living beginning on the initial payment date.
- The amount of the payment on the initial payment date is {Initial Payment Amount} if both {annuitant1} and {annuitant2} are living.
- On each anniversary of the initial payment date the payment(s) will increase by {increase %}  $\times$  {Initial Annuity Payment} if both {annuitant1} and {annuitant2} are living.
- If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- If {annuitant1} is deceased and {annuitant2} is living, the payment will be z% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased.

**Example:**

- Monthly payments to John Doe while either or both John Doe and Mary Doe are living beginning on the initial payment date.
- The amount of the payment on the initial payment date is \$1000 if both John Doe and Mary Doe are living.
- On each anniversary of the initial payment date the payments will increase by \$30 if both John Doe and Mary Doe are living.
- If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.
- If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.
- No payments will be made after both John Doe and Mary Doe are deceased.

**15. If Joint Life Annuity Only: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Compound Interest:**

- {Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living beginning on the initial payment date.
- The amount of the payment on the initial payment date is {Initial Payment Amount} if both {annuitant1} and {annuitant2} are living.
- On each anniversary of the initial payment date the payment(s) will increase by {increase %} if both {annuitant1} and {annuitant2} are living.
- If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- If {annuitant1} is deceased and {annuitant2} is living, the payment will be z% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased.

**Example:**

- Monthly payments to John Doe while either or both John Doe and Mary Doe are living beginning on the initial payment date.
- The amount of each payment on the initial payment date is \$1000 if both John Doe and Mary Doe are living.
- On each anniversary of the initial payment date the payments will increase by 3% if both John Doe and Mary Doe are living.
- If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.
- If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.
- No payments will be made after both John Doe and Mary Doe are deceased.

**16. If Joint Life Annuity with Certain Period: y% is chosen for annuitant1 and z% for annuitant2, Level Payments:**

**Initially:**

- {Guaranteed Payments} payments of {Initial Annuity Payment} {Payment Interval} to {Payee} beginning on the initial payment date.

**After {Guaranteed Payments} payments have been made:**

- {Initial Annuity Payment} {Payment Interval} to {Payee} while both {annuitant1} and {annuitant2} are living.
- $y\% \times \{Initial\ Annuity\ Payment\}$  {Payment Interval} to {Payee} while {annuitant1} is living and {annuitant2} is deceased.
- $z\% \times \{Initial\ Annuity\ Payment\}$  {Payment Interval} to {Payee} while {annuitant2} is living and {annuitant1} is deceased.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased.

**Example:**

**Initially:**

- 120 payments of \$1,000 monthly to John Doe beginning on the initial payment date.

**After 120 payments have been made:**

- \$1,000.00 monthly to John Doe while both John Doe and Mary Doe are living.
- \$900.00 monthly to John Doe while John Doe is living and Mary Doe is deceased.
- \$750.00 monthly to Mary Doe while Mary Doe is living and John Doe is deceased.
- No payments will be made after both John Doe and Mary Doe are deceased.

**17. If Joint Life Annuity with Certain Period:  $y\%$  is chosen for annuitant1 and  $z\%$  for annuitant2, Increasing Payments – Simple Interest:**

**Initially:**

- {Guaranteed Payments} {Payment Interval} payments of {Initial Annuity Payment} to {Payee} beginning on the initial payment date.
- On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment}.

**After {Guaranteed Payments} payments have been made:**

- {Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living.
- Payment(s) will continue to increase by {increase %} x {Initial Annuity Payment} on each anniversary of the initial payment date if both {annuitant1} and {annuitant2} are living.
- If {annuitant2} is deceased and {annuitant1} is living, the payment will be  $y\%$  of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- If {annuitant1} is deceased and {annuitant2} is living, the payment will be  $z\%$  of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased.

**Example:**

**Initially:**

- 120 monthly payments of \$1000 to John Doe beginning on the initial payment date.
- On each anniversary of the initial payment date the payment(s) will increase by \$30.

**After {Guaranteed Payments} payments have been made:**

- Monthly payments to John Doe while either or both John Doe and Mary Doe are living.
- Payments will continue to increase by \$30 on each anniversary of the initial payment date if both John Doe and Mary Doe are living.



- If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.
- If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.
- No payments will be made after both John Doe and Mary Doe are deceased.

**18. If Joint Life Annuity with Certain Period: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Compound Interest:**

Initially:

- {Guaranteed Payments} payments of {Initial Annuity Payment} {Payment Interval} to {Payee}.
- On each anniversary of the initial payment date the payment(s) will increase by {increase %}.

After {Guaranteed Payments} payments have been made:

- {Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living.
- Payment(s) will continue to increase on each anniversary of the initial payment date by {increase %} if both {annuitant1} and {annuitant2} are living.
- If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- If {annuitant1} is deceased and {annuitant2} is living, the payment will be z% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased.

**Example:**

Initially:

- Monthly payments to John Doe while either or both John Doe and Mary Doe are living.
- The payment is \$1000 on the initial payment date if both John Doe and Mary Doe are living.
- On each anniversary of the initial payment date the payments will increase by 3% if both John Doe and Mary Doe are living.

After 120 payments have been made:

- Monthly payments to John Doe while either or both John Doe and Mary Doe are living.
- Payment(s) will continue to increase on each anniversary of the initial payment date by 3% if both {annuitant1} and {annuitant2} are living.

- If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.
- If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.
- No payments will be made after both John Doe and Mary Doe are deceased.

**19. If Joint Life Annuity with Installment Refund: y% is chosen for annuitant1 and z% for annuitant2, Level Payments:**

Initially:

- {Guaranteed Payments} payments of {Initial Annuity Payment} {Payment Interval} to {Payee} beginning on the initial payment date.
- After {Guaranteed Payments} payments have been made:
- {Initial Annuity Payment} {Payment Interval} to {Payee} while both {annuitant1} and {annuitant2} are living.
- $y\% \times \{Initial\ Annuity\ Payment\}$  {Payment Interval} to {Payee} while {annuitant1} is living and {annuitant2} is deceased.
- $z\% \times \{Initial\ Annuity\ Payment\}$  {Payment Interval} to {Payee} while {annuitant2} is living and {annuitant1} is deceased.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased.

**Example:**

Initially:

- 135 payments of \$1,000 monthly to John Doe beginning on the initial payment date.

After 135 payments have been made:

- \$1,000.00 monthly to John Doe while both John Doe and Mary Doe are living.
- \$900.00 monthly to John Doe while John Doe is living and Mary Doe is deceased.
- \$750.00 monthly to Mary Doe while Mary Doe is living and John Doe is deceased.
- No payments will be made after both John Doe and Mary Doe are deceased

**20. If Joint Life Annuity with Installment Refund: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Simple Interest:**

Initially:

- {Guaranteed Payments} {Payment Interval} payments of {Initial Annuity Payment} to {Payee} beginning on the initial payment date.
- On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment}.

After {Guaranteed Payments} payments have been made:

- {Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living.
- Payment(s) will continue to increase on each anniversary of the initial payment date by {increase %} x {Initial Annuity Payment} if both {annuitant1} and {annuitant2} are living.
- If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- If {annuitant1} is deceased and {annuitant2} is living, the payment will be z% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased.

### **Example:**

#### **Initially:**

- 107 monthly payments of \$1000 to John Doe beginning on the initial payment date.
- On each anniversary of the initial payment date the payments will increase by \$30.

#### **After 107 payments have been made:**

- Monthly payments to John Doe while either or both John Doe and Mary Doe are living.
- Payments will continue to increase on each anniversary of the initial payment date by \$30 if both John Doe and Mary Doe are living.
- If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.
- If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.
- No payments will be made after both John Doe and Mary Doe are deceased.

## **21. If Joint Life Annuity with Installment Refund: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Compound Interest:**

#### **Initially:**

- {Guaranteed Payments} {Payment Interval} payments of {Initial Annuity Payment} to {Payee} beginning on initial payment date.
- On each anniversary of the initial payment date the payment(s) will increase by {increase %}.

#### **After {Guaranteed Payments} payments have been made:**

- {Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living.
- Payment(s) will continue to increase on each anniversary of the initial payment date by {increase %} if both {annuitant1} and {annuitant2} are living.
- If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.

- If {annuitant1} is deceased and {annuitant2} is living, the payment will be z% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased.

**Example:**

Initially:

- 107 monthly payments of \$1000 to John Doe beginning on the initial payment date.
- On each anniversary of the initial payment date the payments will increase by 3%.

After 107 payments have been made:

- Monthly payments to John Doe while either or both John Doe and Mary Doe are living.
- Payments will continue to increase on each anniversary of the initial payment date by 3% if both John Doe and Mary Doe are living.
- If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.
- If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.
- No payments will be made after both John Doe and Mary Doe are deceased.

**22. If Joint Life Annuity with Cash Refund: y% is chosen for annuitant1 and z% for annuitant2, Level Payments:**

- {Initial Annuity Payment} {Payment Interval} to {Payee} while both {annuitant1} and {annuitant2} are living.
- $y\% \times \{\text{Initial Annuity Payment}\} \{\text{Payment Interval}\}$  to {Payee} while {annuitant1} is living and {annuitant2} is deceased.
- $z\% \times \{\text{Initial Annuity Payment}\} \{\text{Payment Interval}\}$  to {Payee} while {annuitant2} is living and {annuitant1} is deceased.
- If the sum of the payments is less than {Premium Payment} when both {annuitant1} and {annuitant2} are deceased, an additional payment of {Premium Payment} less the sum of the payments previously made will be paid to {Beneficiary}.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased and payments equal to {Premium Payment} have been made.

**Example:**

- \$1,000.00 monthly to John Doe while both John Doe and Mary Doe are living.
- \$900.00 monthly to John Doe while John Doe is living and Mary Doe is deceased.
- \$750.00 monthly to Mary Doe while Mary Doe is living and John Doe is deceased.
- If the sum of the payments is less than \$100,000 when both John Doe and Mary Doe are deceased, an additional payment of \$100,000 less the sum of the payments previously made will be paid to Beneficiary Doe.
- No payments will be made after both John Doe and Mary Doe are deceased and payments equal to \$100,000 have been made.

**23. If Joint Life Annuity with Cash Refund: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Simple Interest:**

- {Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living.
- The amount of the payment on the initial payment date is {Initial Payment Amount}.
- On each anniversary of the initial payment date the payment(s) will increase by {increase %} x {Initial Annuity Payment} if both {annuitant1} and {annuitant2} are living.
- If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- If {annuitant1} is deceased and {annuitant2} is living, the payment will be z% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- If the sum of the payments is less than {Premium Payment} when both {annuitant1} and {annuitant2} are deceased, an additional payment of {Premium Payment} less the sum of the payments previously made will be paid to {Beneficiary}.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased and payments equal to \$100,000 have been made.

**Example:**

- Monthly payments to John Doe while either or both John Doe and Mary Doe are living.
- The amount of the payment on the initial payment date is \$1,000.
- On each anniversary of the initial payment date the payments will increase by \$30 if both John Doe and Mary Doe are living.
- If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.
- If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.
- If the sum of the payments is less than \$100,000 when both John Doe and Mary Doe are deceased, an additional payment of \$100,000 less the sum of the payments previously made will be paid to Beneficiary Doe.
- No payments will be made after both John Doe and Mary Doe are deceased and payments equal to \$100,000 have been made.

**24. If Joint Life Annuity with Cash Refund: y% is chosen for annuitant1 and z% for annuitant2, Increasing Payments – Compound Interest:**

- {Payment Interval} payments to {Payee} while either or both of {annuitant1} and {annuitant2} are living.
- The amount of the payment on the initial payment date is {Initial Payment Amount}.
- On each anniversary of the initial payment date the payment(s) will increase by {increase %} if both {annuitant1} and {annuitant2} are living.

- If {annuitant2} is deceased and {annuitant1} is living, the payment will be y% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- If {annuitant1} is deceased and {annuitant2} is living, the payment will be z% of the payment that would have been made had both {annuitant1} and {annuitant2} been alive.
- If the sum of the payments is less than {Premium Payment} when both {annuitant1} and {annuitant2} are deceased, an additional payment of {Premium Payment} less the sum of the payments previously made will be paid to {Beneficiary}.
- No payments will be made after both {annuitant1} and {annuitant2} are deceased and payments equal to \$100,000 have been made.

**Example:**

- Monthly payments to John Doe while either or both John Doe and Mary Doe are living.
- The amount of the payment on the initial payment date is \$1,000.
- On each anniversary of the initial payment date the payments will increase by 3% if both John Doe and Mary Doe are living.
- If Mary Doe is deceased and John Doe is living, the payment will be 90% of the payment that would have been made had both John Doe and Mary Doe been alive.
- If John Doe is deceased and Mary Doe is living, the payment will be 75% of the payment that would have been made had both John Doe and Mary Doe been alive.
- If the sum of the payments is less than \$100,000 when both John Doe and Mary Doe are deceased, an additional payment of \$100,000 less the sum of the payments previously made will be paid to Beneficiary Doe.
- No payments will be made after both John Doe and Mary Doe are deceased and payments equal to \$100,000 have been made.

## **Statement of Variability**

### **List of Forms:**

- Form EA11, Single Premium Immediate Annuity Policy
- Form EA11app, Fixed Immediate Annuity Application
- Form EA11SuppA, EA11SuppB, EA11SuppC, EA11SuppD, EA11SuppE, EA11SuppF, EA11SuppG, EA11SuppH, EA11SuppI, Supplemental Questionnaires
- Form IRA11, Individual Retirement Annuity Endorsement
- Form Roth11, Immediate Individual Roth IRA Annuity Endorsement
- We have bracketed certain information within the above-mentioned forms to indicate variability. We certify that this form will never reflect a lesser benefit or amount than mandated by your state.

### **All forms:**

- Company address, mailing address, phone numbers and website may change. A company logo will be used on the policy and on the application forms.

### **Single Premium Immediate Annuity Contract – EA11**

- Variable information on the policy's schedule page includes information about the owner, joint owner (if applicable), annuitant, premium amount, income payment amount and the annuity option selected.
- The Table of Contents page numbers may change depending upon page layout.
- We certify that the income payment and any certain period chosen by the Owner on the application will appear on page number 3 of the policy as the Annuity Plan. A description of the Annuity Plan chosen will also appear on page number 3.

### **Single Premium Immediate Annuity Application and Supplemental Questionnaires – EA11app and EA11Supp A-I**

- We certify that the bracketed items contained in the SPIA Application will appear as follows:
  - Payment options: we may include, delete or modify payment options in the future. We only would be offering standard type payout options depending upon market interest.
  - In Annuity Payout Options Section:
    - At this time we are offering increasing payments as "simple interest" and "compound interest".
  - Fraud and Disclosure Statements: if a state mandates a change in its statement, we will change the statement in order to comply with the regulation.

SERFF Tracking Number: AMRP-126983859 State: Arkansas

Filing Company: American Republic Insurance Company State Tracking Number: 47726

Company Tracking Number: ARIC SINGLE PREMIUM IMMEDIATE ANNUITY

TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable

Product Name: ARIC Single Premium Immediate Annuity

Project Name/Number: ARIC Single Premium Immediate Annuity/ARIC Single Premium Immediate Annuity

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name | Replacement<br>Creation Date | Attached Document(s)                  |
|----------------|----------|--------------------|------------------------------|---------------------------------------|
| 01/14/2011     | Form     | SPIA               | 01/19/2011                   | Policy -- 1-17-11.pdf<br>(Superceded) |



**Overnight Address:** [601 – 6<sup>th</sup> Avenue, Des Moines, Iowa 50309]

**Mailing Address:** [P.O. Box 1, Des Moines, Iowa 50306-8910]

**Telephone:** [800-247-2190]

**Fax:** [515-247-2435]

[www.americanrepublic.com]

## COVER PAGE

American Republic Insurance Company (“We”, “Our” or “Us”) agrees to provide the benefits and rights described in this Policy to the Owner (“You” or “Your”) of this Policy according to the terms of this Policy.

This is a legal contract between You and Us.

### READ YOUR POLICY CAREFULLY.


#### NOTICE OF 30 DAY RIGHT TO CANCEL THIS POLICY:

Within thirty (30) days after You first receive this Policy, You may cancel it for any reason. In order to cancel the Policy, You may either:

- Hand deliver or mail this Policy and a letter notifying Us of the cancellation to Our home office at the above address; or
- Hand deliver or mail this Policy and a letter notifying Us of the cancellation to the agent from whom You purchased the Policy.

Upon cancellation, We will promptly return any money paid to Us for the Policy, less any payments made under this Policy and the Policy will be void from the beginning.

Signed for American Republic Insurance Company,

[  ]  
[President]

[  ]  
[Secretary]

#### Single Premium Immediate Annuity Policy

**This Policy has no cash surrender value or loan value. This Policy has no death benefit except as provided for in the Payment Description section of the Policy Specifications included herein.**

#### NONPARTICIPATING

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## POLICY SPECIFICATIONS

|                                   |   |
|-----------------------------------|---|
| Policy Number:                    | [1001]  |
| Effective Date:                   | [January 1, 2011]   |
| Owner:                            | [Jane Doe]  |
| Payee:                            | [Jane Doe]  |
| Annuitant:                        | [Jane Doe]  |
| Annuitant's Age:                  | [70]  |
| Annuitant's Gender:               | [Female]  |
| [Joint Annuitant:                 | John Doe  |
| Joint Annuitant's Age:            | 75  |
| Joint Annuitant's Gender:         | Male]   |
| Beneficiary:                      | [Bob Johnson]   |
| Premium Payment:                  | [\$80,000]  |
| Initial Annuity Payment Date:     | [February 1, 2011]  |
| Initial Annuity Payment:          | [\$623.56]  |
| [Annual Annuity Payment Increase: | [1-6%], [Simple, Compound]]   |
| Frequency of Payments:            | [Monthly, Quarterly, Semi-Annually, Annually]   |
| [Guaranteed Payments:             | [100]]  |
| Payment Description:              | [\$623.56 monthly while both Annuitant and Joint Annuitant are alive; \$311.78 monthly while only one of the Annuitant and Joint Annuitant are alive; no payment if both are deceased. However, at least 100 monthly payments of \$623.56 will be made regardless of whether Annuitant and Joint Annuitant survive for 100 months.] |

## Section 1.

## Annuity Policy Summary

---

You have purchased a single premium immediate annuity policy ("Policy"). In exchange for the premium You paid to Us, We will pay periodic Annuity Payments to the designated Payee. This Policy is non-participating, which means that You do not share in revenues or dividends.

## Section 2.

## Definitions

---

Certain terms are capitalized throughout Your Policy. The capitalized terms are defined as follows:

**Annuitant:** The person whose continued survival results in the continuation of lifetime Annuity Payments.

**Annuity Payment:** The money We periodically pay to the Payee you designated in the Application.

**Application:** The form that was completed in order to apply for this Annuity Policy. The Application is considered part of this Policy.

**Beneficiary:** The person (or entity) whom You designated in the Application to receive the remaining Annuity Payments, if any, upon the death of the Annuitant, if the deceased Annuitant also was the Payee.

**Effective Date:** The Effective Date is the date on which this Policy became legally enforceable. The Effective Date for this Policy is listed on the Policy Specifications page.

**Guaranteed Payments:** The minimum number of Annuity Payments that We will make under this Policy.

**Joint Annuitant:** The person identified as the Joint Annuitant on the Policy Specifications page, if applicable. Upon the death of the Annuitant, the Joint Annuitant will become the Annuitant for the remaining joint Annuity Payments.

**Owner:** The person (or entity) who is entitled to exercise the rights under this Policy. The Owner is referred to in this Policy as "You" and "Your".

**Premium Payment:** The money You paid to Us in order to obligate Us to make the Annuity Payments.

**Us/We/Our:** American Republic Insurance Company, which is the insurance company issuing this Policy.

**You/Your:** The Owner of this Policy.

### Section 3.

### Annuity Payout

---

**Annuity Payments.** We will make the Annuity Payments beginning on the Initial Annuity Payment Date and continuing through the termination of this Policy. The Initial Annuity Payment Date is listed on the Policy Specifications page.

**Termination.** The final payment under this Policy will be made on the later of the following: the last payment due date on or before the date of the Annuitant's or Joint Annuitant's death (as applicable); or when all Guaranteed Payments have been made.

**Annuity Payment Increase.** If you selected the Annuity Payment Increase option on your Application, the size of the annual increase will be listed on the Policy Specifications page. Each year, the amount of your Annuity Payment will increase by the specified percentage, starting on the first anniversary of the Initial Annuity Payment Date.

**Evidence of Survival.** In order to confirm that an Annuitant is alive at the time a lifetime Annuity Payment is due, We have the right to require evidence of the Annuitant's survival. If We make the request in writing, We may withhold Annuity Payments until You provide Us with the requested evidence.

**Payments Calculated Using Incorrect Age or Gender.** If We calculated Your Annuity Payments based on an age or gender that is incorrect, We will recalculate the Annuity Payment amount using the correct age and gender to determine the appropriate amount. If We underpaid based on incorrect age or gender, We will make a lump sum payment of any amount that was underpaid. Any amounts We overpaid on the basis of incorrect age or gender will be charged against Annuity Payments that come due after We make the correction. Amounts paid or charged will be adjusted based on an annual interest rate of six percent (6%).

## Section 4.

## Miscellaneous Policy Provisions

---

**Minimum Benefits.** Benefits under this Policy will not be less than the minimum benefits, if any, required under the laws of the state in which this Policy was delivered.

**Owner.** The Owner for this Policy is as listed on the Policy Specifications page. In order to change ownership of the Policy, You must notify Us of such change in writing while the Annuitant is still alive. Once we receive the notice, the effective date of the change will be the date You sign such notice regardless of whether the Annuitant is still alive when We receive the notice. However, the change will be subject to any payment We made or actions We may have taken before We received the notice.

**Death of Owner.** If the Owner dies before termination of this Policy, the Annuitant will become the new Owner unless the original Owner provided us with different written instructions during the original Owner's life, subject to Our receipt of the instructions.

**Beneficiary.** The Beneficiary You designated will remain in effect until You change it. You may, at any time before the death of the Annuitant or Owner (as applicable), change the person You want to be the Beneficiary by submitting a written request to Us. If Your earlier designation was irrevocable, You cannot later change or revoke the designation without the Beneficiary's written consent.

Upon Our receipt of a valid written request for change of Beneficiary, We will make such change and it will be effective as of the date You signed the request, regardless of whether the Annuitant or Owner is living when We receive the request. However, the change will be subject to any payment We made or actions We may have taken before We received the request.

One or more persons may be named as primary Beneficiary or contingent Beneficiary. When there is more than one Beneficiary, We will make any remaining payments in equal shares to the surviving Beneficiaries, unless you otherwise specify in writing.

**Entire Agreement.** In the absence of fraud, this Policy, along with any endorsements, riders and the Application, shall constitute the entire agreement between You and Us. All statements made in the Application will be deemed representations and not warranties. No change to this Policy will be effective unless signed by Our President or Secretary and all such changes must be in writing.

**Contestability.** We will not contest this Policy after it has been in force for two years from the Effective Date. Prior to the expiration of the two year period, we reserve the right to perform an audit to verify that the medical information provided on the Application was accurate. If We find that material misrepresentations were made in

responses on the Application or in any supplements to the Application, We reserve the right to rescind or reform this Policy.

**Conformity with the Law.** If any provision of this Policy is contrary to any law to which it is subject, the provision is amended to conform to the minimum standards of the law.

**Loans.** Loans are not available under this Policy.

**Assignment of Policy.** If allowed by law, You may assign this Policy. In order to make a valid assignment, You must provide Us with written notice of the assignment. The assignment must be signed and dated by the Owner and mailed to Us at Our home office. The assignment will be effective as of the date the assignment is signed by the Owner, so long as We receive the document in a timely manner. We will not be liable for either of the following: actions taken prior to Our receipt of the assignment; or actions taken in accordance with instructions given to Us before We receive the assignment. We also will not be responsible for verifying the validity of any assignment beyond what is required by law.

**Currency.** All payments under this Policy will be made in United States dollars.

**Singular References and Changes of Designees.** Your Policy includes references to some or all of the following terms: Owner; Beneficiary; Payee, entity and Annuitant. Singular references to these terms include the plural if the context requires, and may extend to joint and/or contingent arrangements. For example, a reference in the Policy to the Owner may also extend to the Joint Owner, if there is a Joint Owner for Your Policy.

You generally are allowed to change the Owner, Beneficiary and/or Payee you originally designated. However, if you want to change such a designee to one that is not a natural person, You must notify Us of the desired change and We have the discretion whether to agree to such change. If We agree to the change, We in no way are expressing an opinion as to the validity of such change. If agreed to by Us, any change under this section will be effective on the date the notice is signed, subject to Our receipt of the change. We will not be liable for actions taken according to instructions in place prior to Our receipt of such a change.

## **SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT**

**This Policy has no cash surrender value or loan value. This Policy  
Has no Death Benefit except as specifically provided for in the  
Annuity Description contained herein in the Policy Specifications.**

## **NONPARTICIPATING**